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ABSTRACT

This qualitative research study evaluated the impact of the Family Child Care Connection, a model designed to improve the quality of family child care for infants and toddlers. This 5-year project was administered by the YWCA of Metropolitan Chicago and implemented in four satellite networks of family child care providers located in low income urban communities. Each site had a coordinator to recruit, select, and train providers. Providers, parents, children, coordinators, program directors, and center-based staff at the sites were interviewed or observed. Results indicated that finding quality providers was labor intensive, but necessary and worth the effort. The coordinator's role was critical as a mediator, problem-solver, and advocate on behalf of providers. Assisting parents with socializing activities was one of the most valuable aspects of the providers' work. Parents experienced role-sharing as easing their burdens. Providers organized the day for children, who might otherwise lack structure and predictability, preparing them to adapt to the time-governed context of school. Providers modeled teaching relationships that parents eventually valued and modeled. The synergism among a combination of program elements was responsible for its positive effects. A connected form of entrepreneurship resulted from the networks at each site, the overall network, the affiliation with a community child care institution, and the relationship with the coordinator. (Two appendices include the interviews and list the coordinator's functions.) (KDFB)

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Uncovering the Many Sides of Family Child Care:

A Study of the Family Child Care Connection

Judith S. Musick, Ph.D.

March, 1996

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"I would say I am an educator... I think I have grown a lot. I have really. I have always loved children. But I think I appreciate them even more and I have, you could say, a vision, a great determination to be a part of children's lives, maybe for the rest of my life. And as I mentioned earlier, we are losing them. We need wisdom. What can we do, and how can we steer the children in the right direction before they get too old and we can't catch them. I am focusing upon that."

Nita, a Family Child Care Connection provider.

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Finally, many thanks to Robert Halpern, Toby Herr, and as always, Frances Stott, for their editorial assistance and words of wisdom.

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EXECUTIVE SUMMARY

The following report describes a study of the **Family Child Care Connection,** an innovative, common sense, and easy-to-replicate model of family child care for infants and toddlers. The model is designed to improve the quality of family child care—the most common type of child care for children under three years of age. The study's findings provide a multi-dimensional portrait of family child care and its effects on the lives of those it touches. This report seeks to capture the project's most significant, and, hopefully, enduring qualities, and to place these within the current contexts of children, families, and work.

The Connection is a five-year demonstration project launched in March 1991 by a collaboration of public and private funders in Illinois. The funding collaboration took an original approach in providing a five-year grant for the project, giving center-based staff and participating child care providers the opportunity to be part of a long-term enterprise. In a field plagued by insecurity, this is a personally and professionally significant experience, and an unusual one.

The YWCA of Metropolitan Chicago was selected to be the lead agency responsible for administering the project, and for coordinating and conducting training for staff in four satellite networks of family child care providers. Connection providers are independent contractors affiliated with one of four established child care agencies in four low income urban communities. At each of the four program sites, there is a **coordinator,** an agency staff member whose primary role is to recruit, select, and train the providers, and to work with them on an ongoing basis to enhance and maintain high quality care.

METHOD

A qualitative research approach was used to study a sample of project participants: providers,[1] parents, and children, as well as coordinators, program directors and center-based staff at the four program sites. In-depth interviews and observations revealed many different—and often hidden—dimensions of the child care experience, not only for children, but for providers and parents as well.

FINDINGS

The process of finding and selecting quality providers proved to be very labor intensive, but necessary and clearly worth the effort. Because the Connection's rigorous screening process extends beyond the initial recruitment period, the continuing demands and expectations weed out those who are less motivated or qualified. This process, in combination with a strong emphasis on accountability, results in community-based networks containing a sizeable number of energetic, competent, and motivated women. These women prize their independence and are committed to integrating their work and parenting roles. It must be stressed that the competence of these providers is what they brought to the Connection: It is who they were **before** they were recruited, screened, and trained. Nevertheless, to recruit and retain such women is no small accomplishment.

[1] The sample of twenty providers studied was slightly over half of the full sample of thirty-eight.

The careful screening process imparts a message to the provider of being part of a select group, while the blend of financial incentives, enriched training, ongoing technical assistance, and opportunities to attend conferences, confers a sense of personal and professional distinction. In turn, these factors reinforce pride in work and self, and translate into the creation of more intentional and dedicated child care providers. In this model, the **combination** of program elements proved more significant than any single feature, creating a **synergistic** effect that enhanced providers' motivations for doing the work, and for doing it as well as possible.

The **coordinator's** role is the cornerstone of the Connection.

The coordinator develops the network by recruiting, screening, and training the providers; maintaining regular contact with them through home and telephone visits; assisting them in setting up their child care homes, meeting state licensing requirements, and participating in the USDA's Food Program. She also recruits and interviews potential client families, and offers assistance to providers in running a small business. The coordinator **inculcates professionalism,** extends "educated support," and functions as **mediator, problem-solver,** and **advocate** on behalf of the providers in her network. Lastly, she acts as a catalyst for learning and growth in one set of adults—providers—in order to help them do the same for another set of adults—parents. In this way, she serves as the first link in a **chain of enablement** beginning with her, extending to her providers, and through them, to the parents and children in her network.

The research indicates that one of the most valuable and supportive aspects of the **providers'** work is to assist parents with (or actually take over) **socializing activities** such as toilet training, weaning, learning table manners, sharing, etc. In doing this, providers indirectly foster positive parent-child relationships, and prevent or reduce parent-child conflict when they soothe and calm irritable infants and hyperactive toddlers, and alleviate problems around eating, sleeping, and discipline. The **parents** experience such role-sharing as genuinely easing their burdens, and often credit providers for the positive changes they observe in their children. As providers **organize** the day for children whose lives might otherwise lack **structure** and **predictability,** they help them accommodate to a schedule that includes variety within routine, and prepare them to adapt well to the time-governed context of school in the years to come.

As providers **model** teaching relationships with their children, parents come to value and use similar teaching interactions themselves, illustrating that quality child care is as much a preventive intervention as any "parent-child" or family support program. Providers' actions initiate a chain of events that ultimately affect an entire family. Such actions are doubly meaningful when working with parents in trying circumstances, especially young single mothers. Providers act as surrogate mothers, grandmothers, advisors, teachers, and mentors for parents struggling to work (or finish school) and raise their children with limited social and economic resources. Thus, they are unquestionably **family resources** in a time and context where there are woefully few supports for low income parents.

Again, no single element makes the critical difference. Rather, what counts is the synergism among various components of the Connection—the links in the chain of enablement, and the structure, consistency and warm relationships in these child care homes. These ingredients combine to calm children whose own homes may be over-stimulating or erratic, freeing their energy and attention for learning, and making the responsibilities of child-rearing less burdensome and more gratifying for their weary, strained parents.

The interviews and observations present a picture of contemporary working conditions that are so unsupportive of healthy family life they could fairly be called family *un*friendly. Undeniably, they

are antithetic to healthy development for infants and young children. With few exceptions, the parents in this study are stretched—and stressed—to their limits; balancing childrearing with work situations characterized by long commutes, job insecurity, rigid employee policies, few or no benefits for themselves and their children, and long or erratic hours. Such working conditions drain parents' physical and emotional resources, and rob their young children of the order and stability so crucial for a good start in life. One can then understand that when child care provides such missing elements, it constitutes a genuine support for the entire family, and helps parents continue on their often arduous paths.

CONCLUSIONS

Overall, the data indicate that Connection networks contain more competent, motivated providers and more stimulating, well-organized homes than ordinarily found in such communities. While some of the providers would doubtless offer adequate care without the extra advantages of the program, these unquestionably enrich their homes, widen their repertoire of skills, and enable them to offer parents and children more positive, growth-fostering experiences. Further, the additional training and support continually reinforce the importance of quality care, and repeatedly underscore the specifics by which such care can be recognized and provided. Thus, the research uncovered elements of the program and its participants that offer many lessons for those concerned with low income families and children today.

Most current policies and programs are predicated on traditional (and, one might say, male) models of salaried work for others, yet for many women, especially those seeking to escape poverty, other models may be more appropriate, at least during certain periods of the life cycle. **Women's ways of working** often mean work in groups, or cooperative enterprises such as those found in developing countries, or in rural areas of this country. The networks created by the Connection thus have a goodness of fit for their members, supplying the support and strength that comes from working collaboratively with like-minded others. The networks created at each site, and the larger network created by the overall initiative; the affiliation with a community child care institution, and the relationship with the coordinator, all result in a **connected form of entrepreneurship** where women are in business *for* themselves, but not *by* themselves. In this way, the extra money given to Connection providers for home improvements, toys and supplies is a type of micro-enterprise funding, with the money in the form of a grant rather than a loan. With grants such as these, well trained providers can actualize their dreams, giving their young charges the benefit of what they have learned about the importance of exposing children to a range of stimulating objects and activities; of interesting people and places.

Finally, good child care is necessary, but probably not, by itself, a potent enough intervention to significantly affect the developmental trajectories of children at risk because of poverty—at least not in ways that show right away. Here the over-arching issues are unrealistic expectations of child care, or of any single intervention strategy. Although high quality care may indeed **prevent** developmental damage caused either by poor home or child care environments (or both), such care is unlikely to be sufficiently powerful to actively **promote** development in the absence of other enhancements. Promoting optimal development also requires enhanced parent-child relationships resulting in better caregiving, and it calls for meaningfully improved economic circumstances as the outcome of the parent's work.

The communities served by the Connection present major challenges to quality child care: Houses lack space, children often cannot play outside, and noise, danger, and unpredictability affect

both providers and children. In a better world, all children's physical surroundings would be conducive to their optimal learning and development. In the case of children growing up in crowded homes, without regular access to playgrounds or yards, child care settings need to compensate for deficiencies of homes. Family child care homes must be enriched, not merely adequate, in order to offset the handicaps of homes. The places where children spend many hours impart messages above and beyond the obvious. Beautiful surroundings tell children that *they* are beautiful, and deserving.

INTRODUCTION

The following is an in-depth study of an innovative family child care project for infants and toddlers in four Chicago communities. The findings provide a unique view into the world of family child care, and the lives of the people it touches. The project, the *Family Child Care Connection,* is a workable, common sense, and easy-to-replicate model of family (home) child care. It offers low income parents the chance to move ahead without leaving their children behind. This research report seeks to capture its most significant, and hopefully, enduring qualities.

After briefly describing the background of the project and research methods, the report moves to the findings: first, the critical elements of the model, especially, the challenges of recruiting and retaining good providers; recognizing their potential, and rewarding their effort. From these structural elements flow recurring themes about the many sides and meanings of the family child care experience—for providers and parents, as well as children, starting with the functions of the project's key staff person—the *coordinator.* The report places these findings within the larger contexts of child care and child development, and the larger concerns about children, families, and work today.

Creating the Connection

The Family Child Care Connection was created to address a serious, and to date intractable problem:

> "Unfortunately, many parents are forced to 'make do' —to accept care that is safe and affordable but that falls short of the quality they would like for their young child. Many find themselves searching again and again for new arrangements as their initial 'choices' prove unreliable and unstable. The disruption to the child, the family and the parents' working life is immense and costly. As a result of this child care crisis, many of our youngest children suffer. They miss important early experiences that are necessary to develop healthy intellectual and social capacities. It is no wonder that parents are concerned. Their children's well-being is jeopardized..."
>
> *Starting Points.* Report of the Carnegie Task Force on Meeting the Needs of Young Children, (1994, pp.43–44).[2]

The Connection is a five-year demonstration project launched in March 1991 through a collaboration of public and private funders in Illinois. A Steering Committee comprised of members of the Funding Collaboration designed, established policy for, and initially administered the Connection.[3] They chose the YWCA of Metropolitan Chicago to be the lead agency responsible for administering the project, and for coordinating and conducting training for staff in four satellite networks of

[2] The author was a consultant to the Carnegie Task Force and contributor to the report.

[3] Originally called the Family Day Care Satellite Network, it was later called the Family Day Care Connection, and finally, renamed the Family Child Care Connection. It will be referred to as the "Connection" throughout this report. The history and initial phases of the project are described in an earlier report, "Family Day Care Connection" (1992) This report was written by Carole Pardo, and Robert Halpern, of The Erikson Institute, and funded by the Joyce Foundation and the Woods Charitable Trust.

family child care providers. The providers are all independent contractors affiliated with one of four established child care agencies in Chicago: Chicago Commons/NIA Center; Children's Home and Aid Society/Viva Family Center; Central Baptist/Bridgeport Child Development Center, and North Avenue Day Nursery. At each of the four program sites, there is a *coordinator,* an agency staff member whose primary role is to recruit, select and train the providers, and to work with them on improving and maintaining high quality care on an ongoing basis.

STUDY METHOD: CONVERSATIONS, OBSERVATIONS, INTERPRETATIONS

A number of studies describe the characteristics associated with better quality child care—in homes, as well as centers, yet few of these evaluate efforts to improve the quality of care[2]. This research is an attempt to do that, and though its findings are aimed at audiences concerned with child care policies and practices, they should be useful to others as well. By illuminating the personal and programmatic factors that affect providers, parents, and children, the data also speak to those concerned with adult development and child development, and the connections between them, and to those interested in how developmental, economic, and social forces converge to create climates that support families and children.

The outcomes and ideas discussed below are based on qualitative research by a single researcher—the author, on a relatively small number of participants in the Connection. Interviewed for this study were: 1) a sub-sample of twenty family child care providers, slightly over half the total population of thirty-eight, five women from each of the four program sites;[4] 2) twelve parents whose infants and toddlers were in the care of these providers, and 3) the Connection's four coordinators, one from each of the four program sites (See table below). The author also observed children in each of the family child care homes, and spoke with program directors and other center-based staff at the four program sites. Although the sample size places certain limits on the findings of this study[5,6], the in-depth interviews and observations revealed many different—and often hidden—dimensions of the child care experience, not only for children, but for providers and parents as well.

[2] In undertaking this research, the work of others in this field such as Galinsky, et. al.,1994; 1995; Dombro, 1995; Dombro and Modigliani, 1995, and Larner, 1994 proved invaluable in highlighting those elements and qualities fundamental to good child care. Reports of the Carnegie Corporation (1994) and The Career and Child Care Choices Program were also helpful in this regard.

[5] The number thirty-eight for the full population is an approximate. There is always some movement in and out as new providers enter and "old" providers leave.

[6] As does its not being part of a larger study, such as the author's investigation of young, single mothers in MDRC's New Chance demonstration. In that study, data from a small sample of program participants sheds light on findings from the much larger multi-site intervention study. This research is reported in the monograph, Lives of Promise, Lives of Pain: Young Mothers After New Chance. By Janet Quint and Judith Musick, with Joyce Ladner. New York: Manpower Demonstration Research Corporation, 1994.

Sample characteristics

PROVIDERS – n=20
Ethnicity:
- Hispanic – 8
  - [4 Puerto Rican; 4 Central/South American]
- African-American – 6
- White – 5
- Asian – 1

Marital status:
- Married – 12
- Divorced/Separated – 6
- Widowed – 1
- Single – 1[7]

COORDINATORS – n=4
Ethnicity:
- Hispanic – 2 [1 Mexican; 1 Guatemalan]
- African-American – 1
- White – 1

Marital status:
- Married – 3
- Single – 1

PARENTS – n=12
Ethnicity:
- Hispanic – 4 [3 Puerto Rican; 1 Mexican]
- African-American – 4
- White – 4

Marital status:
- Married – 4
- Divorced/Separated – 2
- Single – 6

It is worth noting that the parents interviewed were a diverse group, ranging from poorly educated to college educated, from young to middle-aged. Eight of the parents work, two attend school (one high school, the other college), and two work and attend school at the same time. For example, at Bridgeport, at the time of my interview, approximately 30 percent were attending school, and 70 percent were working.

In most cases, the providers were interviewed in their homes with children present, although the

[7] None of the providers were single parents. The one never-married provider had no children of her own, although she had raised two nieces. The providers who are single parents are either divorced, separated, or widowed, rather than never-married.

children were sometimes napping. The parents were interviewed in a variety of locations, including providers' or parents' homes, child care centers, and, on several occasions, in restaurants on the parent's lunch break from work. During the pilot phase of the research, there was a series of home and center visits, and discussions with consultants to the project, coordinators, program directors and other staff members. All interviews were audio tape-recorded and transcribed for ease of analysis. After leaving an interview, observations and comments were tape-recorded while still vivid in my mind. In addition to the interviews and observations of providers, children, and parents, there were ongoing discussions with each of the coordinators and staff at each of the four program sites, and with project consultants and staff at the YWCA of Metropolitan Chicago.

The conclusions reached are based partly on the data itself—interviews with individual providers, parents, and coordinators; observations of family child care homes, and observations of interactions between providers and children during music and storytelling, arts and crafts and play times, during arrivals and departures, and during feeding, soothing and socializing activities such as toilet training. The conclusions are based equally on my interpretations of these data, and these interpretations are, in turn, based on my own experiences with programs and staff working to improve the chances of children, youth, and parents in low income communities.[8]

Questions planned and questions added

Initially, the study was driven by a set of overarching and connected questions.[9] These questions concerned: 1) the features of the project most effective at providing those things that all children need, such as strong and positive human relationships; developmentally appropriate learning experiences; predictability and continuity, and support for their families. And, 2) the features of the project most effective in promoting growth for parents and providers in terms of their warmth, sensitivity, attentiveness, responsiveness and overall better quality care. Particular emphasis here is on those factors other researchers (cited earlier) find to be predictive of better care.

Almost immediately, however, the interviews took on lives of their own, and the research expanded to encompass other issues raised by participants. Thus, for example, the data reveal not simply what happens as providers gain knowledge, but how such knowledge alters their sense of who they are, and how this in turn shapes the care they provide. The data reveal not simply that parents rely on and trust those who care for their children, but that they have uniquely enabling relationships with them—relationships that act as catalysts for change. Such then is the nature of this report—elements of a model child care project that "trickle down" to alter the environment that parents and providers create for children in their care; themes that echo repeatedly across sources of information—providers, coordinators, parents and children, and across settings in the different

[8] The author was the founding director of the Ounce of Prevention Fund, and currently serves as the Vice Chair of its Board of Directors. She has spent the past twenty years developing and studying prevention and intervention programs for children, youth and parents. In recent years her research and writing has focused on the psychological and economic development of girls and women living in disadvantaged communities, in the U.S. and abroad. She was the recipient of a multi-year grant from the Rockefeller Foundation to synthesize and write about her work with adolescent mothers, resulting in the book, Young, Poor and Pregnant: The Psychology of Teenage Motherhood, published by Yale University Press in 1993.

[9] The basic evaluation questions are listed in Appendix 1 at the end of this report.

homes and centers.

FINDINGS: CRITICAL ELEMENTS OF THE MODEL

The Connection brings together an array of program elements that others in the child care field (Galinsky et. al., 1994,1995; Larner, 1995) find to be essential for quality care. For example, Larner (1994) describes programs that have many, if not all, of the same elements as the Connection. These include:

1) A *network*, in which groups of providers in a community are a) linked to one another, and b) affiliated with a nearby child care center. The hub keeps the child and family within the community.[10, 11]
2) A full-time *coordinator*, a professional staff member of the delegate agency who serves as the link between individual providers (and the entire network of providers) and the center.[12] The coordinator fills multiple roles vis a vis the providers in her network. She is mentor, trainer, model and guide, problem-solver and advocate.[13]
3) The coordinator also screens potential clients for the providers, helps providers establish and hold to contracts with parents, and communicate and reinforce their expectations that parents will maintain their end of the contract as well.
4) A focus on children under three as an important and under-served group.[14] This element has ramifications in terms of the current welfare reform debate.
5) An array of special supports and benefits for providers, including: a) a rate differential of several dollars per day, per child, beyond the state rate; b) an equipment allowance for buying toys and other necessary items such as cribs, cots, high-chairs, etc.[15]; c) money for home improvement and repairs to ready the home for licensing.
6) Special emphasis on *training* and *support* for providers as means for improving the quality of family child care for infants and toddlers. One hundred eighty hours of training incorporates formal, informal, individual and group-based activities, including internships in more experienced providers' homes. Funding is available to attend professional conferences, including out-of-town travel, and paid

[10] Although, as one parent said, she preferred to get her child out of her community. This issue is discussed later in the report.

[11] The Carnegie Starting Points report suggests linking providers to a center and mentions efforts in this regard in California (1994, p.61).

[12] Actually a role similar to that of the Coordinator was key part of an earlier child care initiative, the Career and Child Care Choices Program established in 1986 in Philadelphia, with funding from the William Penn Foundation. In that project, "traveling advisors" carried out many of the same functions as the Connection's Coordinators.

[13] Initially, this was a half-time position. According to those involved, the decision to make it full-time was a wise one.

[14] Indeed, the Starting Points report places particular emphasis on the need for quality care for this age group, noting that "In a very real sense, both parents and child care providers are jointly raising many of this nation's youngest children (1994, p.43).

[15] The amount of this allowance varies by site.

> substitutes so providers can attend meetings without closing their homes. Providers receive a training stipend and bonus[15] with yearly increases for attending 80 percent of meetings and completing an individual plan. The process of ongoing training reinforces motivation, as the provider acquires new skills that she can immediately deploy to help her solve problems and make her job easier.

While none of these elements is unique to the Connection project, the Funding Collaboration took an original approach in providing five years of funding. This gave center-based staff and participating child-care providers the opportunity to be part of a long-term enterprise. In a field plagued by insecurity, this is a personally and professionally significant experience, and an unusual one. Additionally, at two of the program sites (North Avenue Day Nursery and Bridgeport Child Development Center), the majority of children make the transition to child care at their center on reaching age three. Professionals at these two sites are thus able to get to know an entire family very well over the years.

THE CHALLENGES OF FINDING AND KEEPING GOOD PROVIDERS

The screening process

As indicated in the table below, sixty-four providers have been trained and licensed since the project's inception. These providers have cared for approximately four hundred sixty-eight children.

Providers and Children by Site

Bridgeport: 23 providers; 172 children
Chicago Commons/NIA Center: 16 providers; 115 children
Viva Family Center: 14 providers; 129 children
North Avenue Day Nursery: 11 providers; 52 children[16]

These seemingly low numbers accurately reflect the enormous effort required to develop networks of high quality family child care homes in low income communities. The coordinators' interviews reveal the time, energy, and skill entailed in determining who has the potential to be a good provider, and who does not. Initially, after a series of lengthy telephone conversations to eliminate applicants who are clearly unsuitable, the coordinator visits the homes of those who look promising:

> "I would sometimes make visits where once I got there I realized how truly difficult it would be for a person to do home day care... the living conditions were so poor that it would take a lot more than the money, the start-up money to get a person on their feet enough to where they would have a good environment for infants. [After the providers are selected, they must be trained and licensed by the state] It's a long process, [but], I think it would be nice to even stretch it out even a little bit longer because the longer I know them, the more I get to know them..."

[16] North Avenue Day Nursery's numbers are lower for two reasons: They were the last site to enter the project, and they have more stringent requirements for providers.

Then,

> "There's so many steps that the woman herself has to follow through... before [she] would ever be able to have a child placed in her home... a lot of times, they were more anxious to work and make money...so they weeded themselves out...I also had a check list...I wanted to know about their home..if they had children of their own [if] she had eight children, and they were all still very young, my goodness, how in the world? I was as diplomatic as possible... I feel terrible... like I'm crushing people's dreams. They feel this is something they can do because they've raised their own, they have grandchildren. And yet, it takes so much to be a quality provider."
>
> [How many people responded to your recruitment efforts?]
>
> "In the first couple of years there was probably in the ball park of one hundred sixty or so."

In this instance the coordinator eventually interviewed well over one hundred women, visited approximately forty, and screened at least twenty- to twenty-five. Of these, four were accepted and trained but ultimately did not end up working for the center, two were screened and rejected, and two were screened but dropped out during training.

> "Of course, several of them would start training and right off the bat they would take themselves out. By hearing and learning what would be entailed in being a day care home provider... most of the women have this picture of just being baby sitters. I have to, in a sense, educate them on what a day care home provider would be. And I try even before training but some of them kept wanting to know, to keep on trying, all the way to the first training session."

The process of finding and selecting providers is very labor intensive, but necessary and clearly worth the effort. The sub-sample of providers interviewed for this study were an able and enthusiastic group of women. To recruit and retain such women is no small accomplishment.[17]

CHARACTERISTICS AND MOTIVATIONS OF PROVIDERS

Energy and commitment

Repeatedly I was struck by how accomplished many of these women already were, long before they entered this program. In addition to paid work and obligations to their immediate families, some are also caretakers for extended family members,

> "Well I was a foster parent, and then I became a relative's foster parent (for her daughter's children)."

[17] Since the participants in this study were selected by the coordinators, they were likely to be the best, most highly motivated providers. Indeed, one of the coordinators said as much. At the very least, they are the most experienced.

> "I have custody of [two children]... I am their great aunt and...the little boy is ten and the little girl is six....I just have always taken care of kids. Always did...the family kids...I have raised three different nieces of mine, [and] I've taken care of their children. I was working at [a large corporation]... twenty years there. After I retired, I decided I didn't want to [just] sit home. I would do home day care. And I had just applied for my license, and I met the lady that was just beginning the program at [one of the program sites.]"

Some see themselves as guardians and teachers of the youth in their neighborhoods.

> "In my country, I had poor people, they go to school. I don't care if you don't have shoes. I don't care if you don't have clothes, but you go to school.... The United States, the people can live here, they don't appreciate... I talk last week to a teenager, she's pregnant. I told her please,... don't let the baby stop you. Do it. Go to school. Do it for your baby, not for you. When the baby grows and says, 'My mother is professional, my mother is this, my mother is that.' ...Every person I talk to, most are teenagers, kids. [I say] 'You went to school today? No? Why?' [they say] 'I don't want to go to school.' [I say] 'Why?' And I say, 'I don't know the word."[18] I push them."

Many devote considerable time and energy to volunteer work for church and community, and had been waiting for such an opportunity to wed their interest in children to their occupational life in a more formal way:

> "Before I became part of the group (the Connection) I was a volunteer for Better Boys Foundation, so that is how I actually got hooked up (by) seeing a flyer that was put out there at the organization. I said, 'This sounds interesting. This will be great.'"
>
> [Question: Had you ever worked with kids professionally before?]
>
> "Basically, no. [not professionally] I would just say as a person. I always had somebody else's child."
>
> "I was volunteering for my church...we do camping, retreats and a lot of other stuff for children."

For others, providing child care is an opportunity to bring their natural talents and inclinations — wisdom, common sense, and good interpersonal skills—to their professional life.

> "I'm always a counselor. ...I feel like I am some kind of shrink sometimes, but I am always giving out advice."

[18] What this provider means is that she doesn't accept the concept "I don't want to go to school."

And, for some, the process of constructing a stimulating environment for children presents an outlet for their own creativity, and a chance to share the humanizing aspects of creativity with others.

> "I teach them how to act out..I've actually taught a class where I took all the stuffed animals you have, when you get tired of all the animals, I pull the stuffing out of them so we can put out hands in them... So we do [for example] 'Brown Bear, Brown Bear what do you see?' And they love it, because we act out the sounds, and now they know how to act out the sounds with the birds, the cats and dogs, and so forth."
>
> [Question: I notice how you have different sections of toys, like that bean table on legs. Where did you hear about a bean table?]
>
> "That's my own creation. When you look at the books for buying toys and stuff, they always had this sand table, and my husband has a sand box in the back yard."
>
> [But that's outside.]
>
> "That's what I said. ...One of the providers, I went to her home and she had one of those picnic benches you open up, she had beans in there and I said, 'Well that's a great idea.' ...So I told my husband, can't we just build something? And he helped me."

Living their own lives

It is not surprising that a provider's motivations play a major role in determining the quality of care she gives. Yet the data also bring to light more nuanced aspects of motivation—themes rarely discussed in other studies. For example, three (at times) related motivations—1) the desire to be one's own boss, 2) the lack of desire for technical, white collar work (as well as lack of interest in acquiring the requisite skills for such work), and 3) disillusion (based on experience) with factory-type work—appear to be especially salient for this group of women. The providers prize their independence very highly; it is a key part of their identity. Repeatedly they recalled how earlier employment experiences had provided for little flexibility or control over their own lives. Some spoke of the drudgery of factory work, while others described the dehumanizing nature of rigidly regimented office or sales jobs. Such themes are germane to broader issues concerned with educating and preparing women for work which matches the realities of their lives. Although more educated, privileged women may see child care as traditional "women's work," it does allow for independence and being one's own boss. Looked at objectively, one might well question the so-called advantages of working long hours in a factory or store, under the cold and vigilant eye of bosses who do not know or want to know about the difficulties of balancing family life and work.

> "I feel good in the job because I enjoy it and I don't feel so tired... and I don't feel depressed. I enjoy the job. The kids are my family. ...I'm lucky working with children. Sometimes I think about how come nobody told me about this job before. I killed myself in the factory. Now I'm happy."

> "I worked at [a large company] on the computer there for six years. I hated it. That's mainly why I left to do this... I hated sitting around listening to these people. I just hated the job completely, but I stayed because the insurance was good. The money was good. We had bought a house in the meantime. It was our first house. My husband [was] in construction, so then we decided we wanted a[nother] baby... We lost the baby full-term. She was three days old and she died....That was the thing that changed my life... I had Robby, my one that's going to be five. My maternity leave came up. I did not want to go back to work. I wanted to stay home. He was like my whole life, you know. I just didn't want to do it. I worked a couple of weekends, trying, any excuse—If he had the sniffles, I didn't go to work... I quit. I said, 'That's it. I'm not doing it.' I looked in the paper because I wanted something to do at home and there was an ad in the paper. It was like, 'This is it! This is what I'm going to do.' ...It just seemed too good to be true."

> "I wanted a change and I had always had a tendency toward teaching and working with children.[19] It felt just right to do this. It was like everything was clicking, and it was something I could do at home. Since I had been on the road for so long with the nursing,[20] that I mean I was living in the car practically. It felt good. This was a career move... I looked at it as a career change. This is something that I want. This is something that *I* decided to do... The other things that I've done, I've done because I had to. This is something I want to (do), and it's a big change. Because, no matter what goes wrong, it's fine, because I'm doing what I want to do."

Working for the Connection also fits well with the "immigrant mind-set" of this group of women—even those who are not actually from other countries.[21] This mind-set is manifested in an entrepreneurial spirit, and enterprising ways of "making it" on one's own.

> "I own the whole building....We're just finishing up the third floor. We've renovated... And we're just about finished. I'm really happy about it. We're going to look into buying the empty lot next door with the garage that's falling down. I had a realty person look into it for me..."

[19] She set up children's programs for her church as a volunteer for a number of years.

[20] She had worked as an LPN doing home care with patients discharged from the hospital, or with terminally ill patients.

[21] It is worth noting here that of the twenty providers interviewed for this study, nine are originally from other countries.

[Question: What does your husband do?]

"He's in construction. So when he's not working... I have him full time now. He's on my payroll, doing stuff around the house. The renovation. He's doing it all."

[Question: And you own the building?]

"Yes, not him...Well, I just sold one. You see, I had one with my sister, but I wanted my own. So we sold that one. I think that's one of the things that's why I sold it. I didn't want to have to deal with anybody else. If I made my mistakes, I made my mistakes."

Committed to integrating work and parenting

Many providers spoke of a desire to integrate their abilities, experiences, and interests with their occupational life in such a way that they could be with—and watch over—their own children. In communities where danger and risk beset not only small children, but youth and adolescents as well, the parental role of guardian and guide is an especially critical one.

"When my oldest son, which is eight now, when he was born I had a very difficult time finding child care for him. He was bounced around, actually at one point even with a lady who had actually abused and neglected five of her kids. ...I had to put myself in situations like that. I suspected they were hitting him with a belt. I had no proof and I was in a corner and I had to keep on working. So I knew I wanted to have another kid further down the line, but I didn't want him exposed to all of this..."

"I worked for about thirteen years or more at [a large, university-affiliated hospital]... I ended up doing this because I needed to come home. At the time I had a son that had been in high school and he was having problems adjusting and he was in his sophomore year at this point, and I had a daughter going into high school. And my [now] eleven-year-old was like seven or eight and I felt the need to be able to be home more... to be able to work more closely to home."

"I like being my own boss. I like being able to stay at home and be here for my nephew, my foster child... He has gone through a lot of problems... His father had left him with me for a week-end and he didn't come back for about three months and by then, they had already called me because they were going through a custody battle where one had him and then the other one. The mother got worried about [the father] coming and taking him because he had moved to South Dakota, so they gave him to me... She told me why don't I just keep him... [and my staying home] has helped him a lot. I mean, while I was working in the restaurant from four in the morning so I wasn't here when he got up and I didn't get out until three, four, sometimes, and he was home before I got here, and before that I was working in a currency exchange and that was until eight, nine—the whole day."

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Helping their own children succeed

Also impressive is the number of these women who actively encourage and advance their own children's education. Many go out of their way to place their children in private schools, or help them gain admission to magnet and or special academies within the public school system. One provider, whose teenage son and daughter are at two of the city's best Catholic schools, remarked that doing this work,

> "...helped put my kids through private school. Because I was really concerned about them getting the education I wasn't able to get, and I wanted truly to be able to give it to them. And being a single parent, it was hard. So this actually helped me to look forward and not have to wait for that child support that never came and be able to put them through school and not be bitter...And then my baby boy, he [also] goes to a private school."

Others said,

> "I have four children of my own. The oldest one is nineteen. She's already in college. She is going to be a psychologist... Then I have an eleven-year-old... who loves literature, loves to read... my little girl is ten, my baby boy, he is six. They go to public school ...two blocks from here, Probably next year they will go to private school. It is getting very rowdy in public school and I'm scared. They asked me to change them. They requested. I am planning on sending them to a Christian school."

> "My son, the twenty-year-old, he goes to the university...The next September, Diego, [who is] nineteen, he goes to the university, and Roberto, he will stay in the National Guard."

> "My son is the oldest... He will be twenty-one. He is the one in the Marines. Elizabeth, that's the baby, in September, she will be attending [a public high school that has strict entrance requirements]. She was able to [get in] with high scores."

For those with older children, parental sacrifice has already resulted in successful young adults, moving up and out in the world.

Finally, it should be reiterated that the energy, competence, and life experience of this group of women is what they brought to this initiative; it is who they were *before* they were recruited and trained as providers. This point is pertinent to the current call in some quarters to "push" mothers on AFDC to become family child care providers. In truth, many such women are without the characteristics and motivations of the Connection providers. At the very least, more are likely to be young, single mothers, too caught up in their own developmental struggles to actively enable very young children to meet and master theirs.

RETAINING GOOD PROVIDERS

One can see that, for a number of reasons many able women wish to be their own bosses and to work at home—if only while their children are young, or, in areas with many dangers and risks, until their children graduate from high school. In order to recruit and retain more of these women, and put their considerable energies and talents to good use in their communities, we must make it worth their while.[22]

> [Question: do you have health insurance of your own?]
>
> "No. I was having some after my divorce...,but they cut me off last November. [Her child] is insured, but I'm not. He's insured through my ex-husband, it was in the divorce papers."
>
> "I had health insurance when I was working,[23] but when I stopped working, I had to pay it on my own, but it's expensive and I don't pay it. My husband has it, but only for him. I don't have any. That's not a good idea. We need insurance. Maybe some day we can have insurance for the providers. We need it... Insurance is $278 for me a month, and I think that's too much and I can't find anything cheaper. That's too high. When I get really sick I go to Cook County Hospital because I don't have any."

As many others have pointed out, in addition to the need for benefits such as health care, child care is unlikely to be adequately rewarding for greater numbers of women unless it pays better wages. Indeed, many of the participants in this study use the money they earn to *supplement* income provided by husbands (or other family members).

Making it worthwhile for women in low income communities to stay in this work also means nurturing their potential for growth and leadership in the field. As the research progressed, it was apparent that many providers appreciate and take advantage of training. Some are encouraged to act as trainers,

> "Sometimes we give classes to the others... everyone has to be prepared to bring something to teach."

This gives the women a chance to showcase and share their own expertise, and to gain experience in new roles. Indeed, a number of providers are planning (or already engaged in) further professional education and training in the areas of child care, child development, or early childhood education.

[22] The issue of the financial viability of family child care has been discussed at length by others. For example, Mary Larner's report, describes the "difficult economics of family day care as a small business enterprise". Larner, M., (1994) In the neighborhood:Programs that strengthen family day care for low income families. New York: National Center for Children in Poverty, (p.24).

[23] She came to this country twenty-some years ago from a war-torn Central American country. This woman worked for nineteen years, operating a sewing machine for one of the country's largest clothing manufacturers. When she left, because they were cutting wages and radically shifting employees' work without retraining, she received no pension.

> "I'm going to [a City College]... I'm taking child development because I want to be an early childhood specialist. To have my own... I want to stay home and work... be able to help people, you know. But I want to know what I'm doing. Because I don't want to do it from the top of my head. Then it won't be quality care."
>
> [Question: What would you like to be doing five years from now?]
>
> "A child development program or leading my own business... working with some program or some people in the community."
>
> "My two girls are growing up and so eventually I will be going back to get my degree [in early childhood], looking into studying more....I would like to be working hand-in-hand with children, maybe open up a couple of centers, me and my girlfriend... So what I would be doing is constantly going to school, well I guess you could spend most of your life learning about children."

Other providers seek to return to school and finish their college degrees, but are uncertain about the direction their careers might take.

> "I would really like to go back to school and get my degree. I only had two years of college and I would like to finish that off. Lately, I guess because I am surrounded by so many psychologists that every time they talk to me it is so fascinating, but I don't know if it is something that I can master. If not, I do plan on sticking with day care for a while. I don't know for how long. Could it be five years? I'm not even sure. Sometimes I have even been talking about opening up a center. People have even suggested [I] open one up and overlook [supervise] them and not exactly work directly with the kids."

In terms of plans for the future, quite a few providers expressed the desire (and plan), to eventually take in more children. Some wish to care for older children in addition to (or, ultimately perhaps, instead of) infants and toddlers, both because they may be more interesting and easier, and because one can get more clients if not restricted by age. Many providers already have some older, private or Department of Children and Family Services (DCFS) children in their care.[24] Several intend to open their own centers—some small, some larger, or perhaps to market themselves to specialized clientele.

[24] Interestingly, there is some evidence that the quality of care tends to be better when there are slightly more children in a family child care home (Dunn, 1993). Galinsky et. al., (1994) found that providers who care for more children and who have more children per adult, tend to have more formal education and training, and thus to be better prepared and more intentional. It is important to remember, however, that no provider in that study was caring for more than three infants, and when they did care for more children, these children were older, not babies (p. 55). Finally, it is also possible that providers are more motivated because they are earning more money.

> "There are certain professions or certain jobs where people get off like at two in the afternoon, [like] stockbrokers. I probably will look into this next spring...marketing myself heavily at the Mercantile Exchange and the Board of Trade and trying slowly to find all these clients that are working the hours I want... You might have to start an hour earlier that I am now... [But then you're done by] two. I wouldn't mind because that would still be like an eight or nine hour day and my son doesn't get out of school [until later] if he's all day."

Since many of the providers are mothers who wanted to be home with their children, for many this may prove to be simply a "way station" in terms of career. Thus the clinical and training challenges for projects such as this entail managing the reality of fluid provider populations while assuring continuity for young children.

Unfortunately, there are no clear career ladders or places to go *within* the program—either at the individual sites, or within the project as a whole. There are no formalized opportunities to take on other roles and functions, or to move into positions of leadership. Most of the women in this study like their work, and were motivated enough to make the commitment to be regulated and trained. Although some remark about being tired or frustrated at times, most intend to stay, at least for several years. For the young children in their care, such continuity is fundamental. Realistically, we cannot expect all providers to continue in this work indefinitely. Here again, built-in career ladders would enable women such as these to be at home while still needed there, while at the same time preparing themselves for other, future careers within the same field. At the very least, the training, skills, and experience they gain through the Connection—the expansion of their social and intellectual horizons—will serve them and society well, no matter what they do next.

CHILD CARE AND FAMILY CHILD CARE PROVIDERS AS COMMUNITY RESOURCES

> "When it's poured into us, it's poured into the community. It's making productive children. We're giving back as much or more than what's given."

Where child care is recognized (and rewarded) as valuable work and child care programs well organized and stable, the benefits are experienced more widely by other community members, beyond those directly involved. There is some indication of how a process such as this might work.

> "Before I used to care for the people who maybe that go to my church, that little circle. Now I care about my community more. Even though I have always been involved in the community, I care more now about my community because I have gotten to know [it] better through this... Because people who know the program and they call the program and they call me and they ask me and they tell me. 'We have this need. This is what we would like to do and we want you to help us.' So what we do is refer parents to day care centers a lot of times [for older children, not eligible for the Connection infant/toddler program]. We have sites [centers with which they are familiar] and if the children are ready, and the parents are okay, we refer them. We send them. Because they don't take them if the children are not toilet trained, and the par-

> ents are very careless and we try to...sometimes we give them a couple of months more to try to adjust to the new changes and try to get this child ready. Because we don't want the mother to take the kid any other place after we have tried so hard to get them on the right track. So sometimes we get [advocate for] some extra months."

In this way, a network's providers come to see themselves—and others come to see them—as stewards of the education and care of all the community's youngest children.

In a sense, the Connection's rigorous screening process extends beyond the initial recruitment period, as the demands and expectations continue to weed out those who are less motivated or qualified. The notion of *accountability*, deeply embedded in the project and consistently reinforced, eventually resulted in community-based networks containing a sizeable number of high energy, hard working women.

> "I don't think that we're hard to find. I think that it has to do with—look the Connection found us by screening. As a matter of fact, the initial group of providers that came in [at her site]—the majority of them fell away. We were the ones that stuck, and then we came in piece by piece by the screening. It is the one that's going to make it through the educational program; the one that's going to grow with us, that's going to stick. So there has to be persons that know what they're looking for; know how to weed it out in a group; who look at the background of people and see how they work. But there are thousands and tens of thousands of people like me and more so. You just have to draw it in."

Statements such as this are a reminder of the tragic waste of human resources in low income communities. According to the Connection's creators, the context—low income, inner city neighborhoods—is unique in that there are few models of urban, home-based child care in such communities. The words of the provider quoted above make it plain that this is at least partly a result of failing to draw upon untapped human resources.

It is worth noting that the Connection's methods of recruitment and screening were, in part, to rely on previous relationships, that is, word-of-mouth, and knowing people personally (or knowing people who know them well). This is a better method for finding qualified candidates than merely issuing an open call for applicants, as is currently proposed by some policy makers.

> "She [a Connection provider] said to me, 'Maureen, this is for you. This is something you would be interested in.'"
>
> [Question: So how did you hear about the program?]
>
> "Because a friend of mine, Lucia, [a Connection provider] she told me, 'Lia, take care of kids. Why don't you get a license'... She encouraged me and I go with her to the training and then we are together and working..."
>
> "I guess I started as a motivator for the providers, telling them how good I thought the program was and what was out there....I was like

> really excited about it and I knew there was nothing that was going to stop me from doing what I was doing. So actually, I brought in three providers in the Connection now... women that I knew and they ended up qualifying and so forth."
>
> "Cara (the Coordinator) told me about this program."
> [Question: How did you know Cara?]
> "From church... I know her for fourteen years."

Although strong networks of well-trained providers are unquestionably community resources, the notion of utilizing human service programs as means for rehabilitating disadvantaged communities is a naive and wrong-headed one. Such programs may support and strengthen the community's children and families in terms of their social, psychological, educational, or health needs, but rarely are they in a position to make a significant difference to the family's economic situation. For that to occur, there must be real-world occupations and opportunities for the community's members. The role of quality child care in this scenario is to help low income parents move ahead without leaving their children behind.

SYNERGISTIC EFFECTS OF THE ELEMENTS

In interviewing the providers and parents it was apparent that the *combination* of program elements was more significant than any single feature. First, the careful screening process imparts a message to the provider of being part of a select—and special—group. Then, the Connection's blend of financial incentives, enriched training, ongoing technical assistance, and opportunities to attend conferences confers a sense of personal and professional distinction. This in turn promotes an ethos that reinforces pride in work and self, and translates into the creation of more intentional, committed, child care providers. According to Galinsky, et. al., (1994), intentional providers offer higher quality, warmer and more attentive care which promotes better growth and development for the young children in their care. They pursue opportunities to educate themselves about early education and child care, seek out others who are similarly inclined, and use the knowledge they acquire to create homes where children can learn and thrive. Thus, in this model, the combination of elements had a synergistic effect that enhanced providers' motivations for doing the work, and, for doing it as well as possible.

CHALLENGES TO QUALITY FAMILY CHILD CARE

Like all complex endeavors, the Connection has its share of shortcomings and unrealized goals. Just as its strengths derive from its structure — that is, from the elements of the model, so too do its weaknesses.

Delegate agencies

A concept may be brilliant, but if by the system charged with executing it stands in the way of its implementation, it can never be fully tested. Most social service agencies today are caught up in continuous cycles of fund raising and searching for ways to stretch their shrinking budgets. Beyond this, organizations are hierarchies, composed of individuals with their own agendas and ambitions, having vested interests in protecting the system and their place in it.

> [provider]"...problems may stem from just the politics in the place and who's doing favors for who and those kinds of things that go on at every job... It's like we're stuck in a system, and this is the way the system is and you can't ever change it for the better because every time, you know, even if people are willing to help you in this, and you get a new coordinator and they're all gung ho to solve these problems and they realize when they go through the chain of command, they can't do anything either, because that's the way the whole system is. And if you don't like it, too bad."

At two sites, problems between senior agency staff and coordinators had a notably negative impact on the program's success—until staff changes within those agencies remedied the situation.

If the non-Connection providers at a particular site are less well trained or conscientious, they may inadvertently cause problems for Connection providers. For example, one Connection provider worries that her reputation will be tarnished by her affiliation with a "bad agency."

> "...there's also what they call [non-Connection] providers, which I have a big problem with... because they don't have to go to any classes. I mean I consider them baby sitters, and I don't like them affiliated with me. In the very beginning, we were going to be better than baby sitters. I mean they punched this into our head... Now come along, when the Connection providers leave, they get other providers in. Well [those other providers say] they 'don't want to go through all this class bullshit.' So they turn around and they change their rules a little bit to fit these people. Well, if you don't go to classes you get two dollars less than the other providers... And they say fine because they're lazy, in my opinion. I've had parents that have come from these homes and said, 'They're no good.' I mean, they're not abusive, but they're not educated and that's not what [parents] want for their children... It just bothers me, because, if you're going to be a licensed provider connected with the Center, all the rules should be the same. Because if I say I'm connected to [Center] which is one of the first things out of my mouth when I'm interviewing. [parents say] 'Well so was so-and-so, and she wasn't that hot.' Well, so right there that cuts down your reputation you're building up."

On the other hand, a program such as the Connection has the potential to bring something positive to a community-based organization—beyond the funds it adds to the budget—and through a kind of positive contagion, spread its benefits to other programs at that agency. This phenomenon was most apparent at two sites, because of the structure of those agencies themselves, and the place the Connection program has within their structure. At one of these sites, there were ten Connection and twelve "other" family child care providers. The two groups met with the each other and the coordinator twice per month, as well as in smaller groups of three once per month.[25] Thus, although the other group of providers does not receive the same financial and other benefits of the

[25] The Connection providers also met by themselves once per month.

Connection group, they do have much of the same training and guidance. Thus, it is not always necessary to fund huge projects, if an organization is willing and able to make use of grants to enrich their other efforts. However, not all organizations conceptually embrace such an integrative approach, particularly those wedded to the notion of separate, categorical services.

The lead agency

According to several informants, there was insufficient planning on the part of the YWCA at the beginning of the project. Consequently, coordinators were initially without adequate guidance. Further, lead agency staff assigned to the project had no expertise with infants and toddlers. Concerned about the consequences of these and other deficiencies, the Steering Committee brought in various consultants to assist the lead agency from the outset, and to some extent throughout the project's life. For example, one consultant was hired to develop curricula and training manuals for both providers and coordinators. The aim of the training manuals was to provide a coherent practice philosophy, to help providers reflect on their work, and to professionalize them. The curricula rely on a strongly experiential approach, as illustrated by the following examples.[26]

> Looking at this home, you [providers] can see that there are too many toys and too little space. Each space should be set up to "say something" to children. How can you create storage spaces, so that the children can have the experience of taking out and putting back toys?
>
> Here are some materials that you might not have considered. For example, young children find water and sand interesting, and soothing.
>
> Given everything you have learned about structuring the environment, what would you do here?

The manner in which a project is (or is not) implemented influences its form and content, and ultimately, its success. Clearly this project could have been organized and implemented in ways that were more efficient, and perhaps more effective. In human services, especially those targeted to low income families, implementation problems are old stories. Because such stories add little new or useful knowledge about what fosters or impedes positive change, the research concentrated on capturing what works and why, rather than on the details and deficiencies of implementation. This being said, the "top heavy" structure of this project, with its multiple agencies, entangles providers in a needlessly complex (and costly) system, distracting them from their mission, and perhaps diminishing their effectiveness.

The key implementation task for this project should be to keep the work tied as closely to the mission as possible; to make certain that the path between providers and their goals is free of obstacles. The most productive enterprises, whether in business, education, or human services, are usually those in which there are clearly articulated goals; where all involved buy into these goals and speak with a single voice.

[26] Thanks to Barbara Abel, who developed the training manuals, for supplying these examples.

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Replicating the model

As noted in the beginning, the Connection is an uncomplicated, easy-to-duplicate and common sense model. It is also small, and relatively costly in terms of time and money. Stressing quality over quantity, the Connection has been kept fairly "close to the bone," yet some funders and (some) providers believe that more children could and should have been served. Possibly a *few* more children could have been served, but it is hard to see how this could be accomplished while maintaining quality—at least within the current funding climate. Realistically, there are not significantly greater numbers of appropriate homes and eligible providers in very low income communities.[27] Certainly the current call for mothers on welfare to be in school or working means that greater numbers of children will be in child care. And, as virtually every study to date has shown, while there are some very competent, well-trained providers out there, there are many more whose care (or lack of it) is detrimental to the physical, emotional, and intellectual development of young children. No good purpose is served by helping parents succeed if it is at the cost of their children's development.

FINDINGS:RECURRING THEMES

COORDINATORS

Qualifying as a theme in its own right, the coordinator role is the cornerstone of the Connection.

Characteristics of coordinators

As the delegate agency's key staff member responsible for the project, the coordinator must have broad knowledge of child care and child development, and be able to employ it in useful ways.

> "In the beginning when you're still very wet behind the ears, if you have a question or if there's a problem with a child and you don't know how to handle it, you just have to pick up the phone and say, 'Listen', and I've done it... I tell Terry I have this problem, I don't exactly know what to do, why to do it, you know, and [she's] given me routes to use and I've used them."

The coordinator must be familiar with the community, and have finely-honed interpersonal skills so that she can work sensitively and effectively with its members. To her falls the delicate task of recruiting, overseeing, and guiding the work of women from the community—businesswomen who are independent contractors, not employees of her agency. In carrying out these tasks, the coordinator must continually assess and balance the needs of children, parents and providers: All this, while answering to her agency, the lead agency, and occasionally, the funding Collaboration as well.

[27] Another barrier to replicability is the difficulty of finding and keeping good assistants in family child care homes. A licensed provider can only have a certain number of children without an assistant to share the caregiving. If low pay and no benefits keep many competent women from becoming family child care providers, think of what even lower pay does in terms of attracting quality staff. Providers in this study who did have assistants, described the task of finding them as daunting.

Role and functions of the coordinator

It is the coordinator who actually creates the network by recruiting, screening, and conducting (or arranging) basic and continuing in-service training of the providers. It is the coordinator who maintains ongoing contact with the providers through regular home and telephone visits, and assists them in setting up their family child care homes, meeting state licensing requirements, and participating in the USDA's Food Program. She also recruits and conducts the initial interviewing of potential client families, determines their eligibility for subsidized child care, and offers assistance to the providers in learning to run a small business. Above all, the coordinator offers "educated support" to the providers in her network. That is, she is viewed (and, hopefully, valued) as a source of knowledge about child development, child care, and the connections between them. (See Appendix 2).

> "The providers always know they have somebody to turn to. I can imagine that sometimes I go a little far with it. My providers have my home phone number. They can call me any time they need. Anything. I've counseled providers through problems with their husbands, but that all affects the way they deal with children, indirectly. When you hear a provider who's mopey, who feels like they don't have anybody to talk to, it's going to affect the kids....So I went [and] got McDonalds and I went over there during nap time and I just let her talk. And I think just letting her talk made her feel better... She just needed some extra support and the time. I always avoid giving them direct advice, 'Leave the bum' or whatever. I try to be there and listen to them, and I think it just makes them feel better to know that the same person who will give them support with their work, will at least listen to their personal problems."
>
> A Connection coordinator.

Mediator, problem-solver. The coordinator acts as the "safety net" for the providers when there are issues that need immediate attention, especially issues concerning parents. One continually recurring sub-theme concerns the coordinator's role in offering training and advice around working effectively with parents. She also helps providers set limits and be forthright about their rules and expectations about matters such as additional pay for late or early care. Many providers admit they would have had trouble being business-like and professional in their relations with parents were it not for their coordinator's training, assistance, and active problem-solving.

> "The coordinator is very helpful as a mediator when there's problems... there's the parents, the communication problem with the parents... you know a lack of them wanting to follow the rules..."

> "I was having problems with one parent—really two. She just let her spouse pick up her child as late as she wanted, never sorry or nothing. She read the contract and knew what time she had to pick him up and everything, and I'm a sort of a quiet person, and I'm worried about things coming out the wrong way when I say them, and it went on for about a month. I wasn't sure of the way to tell her, and the next class, it was so perfect, because it was on dealing with parents, and they told me how to tell and I told her and she has been on time ever since."

> "The parents do ask me all the time for advice—for potty training, biting, [they ask] 'Why is this child screaming at night?' If I don't have the answers, all I have to do is call Terry [the Coordinator] up and she either verbally tells me or she gives me some literature that I can give to the parents."

> "I have in here now, one kid that wasn't coming very clean. So I spoke with Cara [the Coordinator] as to if I should approach the parent, let it go or what should I say? And she told me exactly what to say to her and to make sure that the parent wasn't angry. Sometimes you can tell people 'I noticed your child's not being bathed right' or whatever, and they get offended and they transfer their kids out of the program. So she told me what to tell her and it worked."

The providers' advocate. An unanticipated but key function of the coordinator's role is to be the providers' advocate—even, if this means going against her own agency. As one coordinator described it:

> "I stood up a number of times on behalf of my providers... DCFS increased the amount that they were paying to providers per day per child. The agency was, they were still paying my providers the same amount of money and they were going to keep that as cost overrun and they were going to keep that for the agency. I went to—that's when I really thought I was going to get fired, over that one. I really went to bat for them because they deserve a raise, just as much as anybody else deserves a raise, and the agency didn't have any right to keep that money. And I did get it retroactively given back to them. But it was a big deal."

Such advocacy comes to be expected by the providers.

> "Well, I feel as though she should be on our side. If we're doing right, of course. If we need, say a raise, or we need more funding or we need a better toy lending library. Anything like that, I think she should be the one to back us up, and she does."

Another aspect of the coordinator's advocacy role is to impart a sense of professionalism to the providers—to help them be professionals, and see themselves in this way—as a means of improving the quality of care. Virtually every provider interviewed commented on this function.

> "She [coordinator] makes us feel professional and I think that's really important. That we're not baby sitters. You could see the way she's fighting for us. She's changed you from baby sitter to professional."

Inculcating professionalism. While professionalism was an integral part of the Connection's creators' vision from the outset, the coordinator is the vehicle for bringing it to reality. Beyond her training and educational duties, she also socializes the providers into a new role and its obligations, introducing and reinforcing a new image of themselves that they in turn impart to parents and others in the community unfamiliar with their work and how it differs from baby sitting.

"I have people call and ask me, and they say 'I need a baby sitter.' They have the list from the Child Care Resource and Referral. So I say to them, 'I can't help you. But if you need a day care home provider, I'll be more than happy to help you. Because we have our license; we go to training. It's hard work and we don't [just] sit around all day with the kids.'"

"I look at myself as a professional. There's a very big difference from watching a child and working with a child. Because they learn through play. So if you're a baby sitter you don't realize things like that."

"I tell [people who ask what she does] that I am a home day care provider. I take care of children while their parents are at work. They usually go, "Oh, you are a baby sitter.' I am not a baby sitter. It is different than being a baby sitter, a lot. Because you are teaching them through play, while a baby sitter might just sit with them."

"I know people that are baby sitters, and they don't have the knowledge. And there's a lot of tension with parents because [they] don't know how to deal with them."

THE COORDINATOR ROLE: CONCLUSIONS

Challenges

A coordinator can be a problem as well as a resource for the providers, depending on her personality, age, and experience. Balancing the roles of supporter/mentor with those of licenser/monitor is a difficult task, especially if the coordinator is younger than most of the providers, as was the case in two of the four networks. In one instance, the twenty-something coordinator's efforts were initially met with ambivalence on the part of the providers. Relationships improved as this competent young woman (a mother of two herself) counseled and guided her providers through various crises, and demonstrated her respect for their experience and insights. She remarked,

"It's important to give *them* [providers] the opportunity to teach *you*. I've learned a lot from my providers."

This approach was markedly different than that of the other young coordinator. Lacking both confidence and experience, she was occasionally defensive and heavy-handed in dealing with her providers. At other times, she either failed to visit the homes, or merely sat there and watched when visiting, rather than interacting with the provider and children.[28]

Because the Coordinator role also includes accountability, her expectations may at times be burdensome for a provider. At the same time, when the provider lives up to these expectations, she feels

[28] This Coordinator is no longer working with the Connection. She was transferred to a more appropriate position within her agency, and replaced by a much more experienced (and more mature) staff person. It should be noted that this young woman was the fourth Coordinator at her site, and was thus thrust into what was a very demanding role, even for a more experienced person.

a sense of accomplishment. Since ongoing training is another basic feature in the Connection model, and since the coordinator is the staff member responsible for carrying it out (or making sure that others do so), problems in this domain fall to her to be solved. In discussing this issue, one coordinator observed that problems surface as providers become more comfortable, and begin to outgrow their need for the coordinator. As a network solidifies, providers may experience (and seek) support from other network members rather than from the coordinator, especially if they see her as failing them. This was clearly the case in the latter of the two coordinators discussed above.

It was my observation that the sense of power that accompanies organizing brings with it a shift from early dependence on the coordinator to a relationship in which greater equality and autonomy is desired. The coordinator may have created the network, but the providers ultimately take over a sense of ownership, seeing it as partly their creation as well. Consequently, a coordinator must be prepared to change the nature and particulars of her relationship to the providers as they develop in skill and confidence. Not all professionals are equally willing and able to do this.

The lack of built-in leadership opportunities for providers noted earlier may be partly to blame as well. While it is true that providers have opportunities to attend conferences, teach, lead classes themselves, and take on new providers as interns in their homes, some may want to do even more. If they have no place to go with their ambitions and desire to further their professionalism within the program, just getting more and more training around the same basic topics may be a disincentive for providers.[29]

In child care, as in any work with parents and children, it is always a challenge (and often a struggle) to keep the needs and best interests of both adults and children in mind. A project such as the Connection requires staff to be expert in adult as well as infant development. Using relationships, coordinators facilitate learning and growth in one set of adults—providers—in order that they, in turn, will do the same for another set of adults—parents. Clearly, the role of coordinator is inseparable from the person carrying it out. When she has the professional and personal skills, she is a catalyst for growth—the first link in a chain of enablement that begins with her, extends to her providers, and through them, to the parents and children in her network. Not surprisingly, the chain is weaker where the coordinator lacks such abilities.

The chain of enablement is also weaker if the coordinator is massively over-burdened. Here are some of my comments, recorded after several days spent with coordinators and other Connection staff at the sites and in the homes:

> [Observation] It seems to me that the [Funding] Collaboration has expectations of these coordinators that are unrealistically high. It is reminiscent of the system in rural India where one woman in the village cares for all the young children, and teaches the older girls necessary skills and crafts, and helps the visiting health team give inoculations, and so on. For this she receives only a small stipend,

[29] An example from another field comes to mind in this regard. In visiting the Watermark Cooperative, a successful women's economic development project in North Carolina, I was struck by the varied avenues for continued personal and professional growth for the artisans within the cooperative. In addition to taking on increasingly skilled work, members can also become new product designers, facilitators and trainers in Watermark's not-for-profit Training Institute, or members and officers of the Board of Directors.

> while above her there are layers and layers and layers of paid government workers, who rarely leave their desks, telling her what to do and adding new duties every time they get an idea for something else that needs to be done.

Here, a coordinator, a former teacher and child care center director, discusses the progress made by one of her providers and the part she feels she played in bringing this about:

> "If I had an award for the most improved provider, she would get it. When I first came on this job, she was very uptight. It was very hard for her to handle any mess in her house. She didn't feel like she was very creative, didn't ever give any art activities, didn't play... I started working with her on art projects, and she got into that a little bit. She just talked about what her concerns were about the house being messy, and what people would think if they came in her house and it was cluttered up with toys... I talked to her about that and why she felt that was. Now she has every kind of art supply you can ever think of. You see the kids in the kitchen with paint brushes, paint on the floor. She now plays. She's so playful [and] silly with the kids, which they really love. And she has come so far in a year. It's unbelievable what a different person she is and it's my provider, and I'm just really proud of her."

Such relationship-intensive activities are the core of the coordinator's role, and she must carry them out while concurrently interacting with and answering to various people in her own agency, the YWCA, and, on occasion, members of the Funding Collaboration. Not all of those to whom she answers are fully aware of the challenges of fostering change in chaos-ridden low income communities, and of working with providers whose own lives may be as difficult as those of the parents they serve. One of the coordinators remarked on the naivete of those "on high" in expecting coordinators to recruit, screen, train, and ready for licensing a set number of providers by a set date. "These are *people* and this is a *process*," she said. Indeed, her comment is germane to the current welfare policy debate around women's work, parenting roles, and child care options: Those making the decisions are too distant from those in the field actually doing the work.

CONNECTIONS: FORGING LINKS IN A CHAIN OF ENABLEMENT

> "They get personal care and she treats them like they're really her babies."
>
> A Connection parent.

The Connection is based on the notion of using relationships as the primary mode for promoting positive development — links in a chain of enablement going from coordinator to provider; from provider to parent; and from parent to child. This underlying ideology is manifested in every aspect of the project. Indeed, as providers learn new approaches to caring for children from the coordinators, the training sessions, and each other, many come to understand children in a new way, to reflect on how they were raised themselves and how they raised or are currently raising their own children.

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> "I view things differently as far as, you know, how you would handle a child. I have a lot more tolerance for like negative behaviors... and if I had to look at the way my mom reared me, there's not a lot of things I agree with the way she did, so I'm glad....she's very verbally abusive, she had been physically abusive at times, so. And she's a controller and a manipulator, so that's all the things that I don't want to be...And I had no way to know, I mean, I didn't want to do that, but then, how do you know what the way is to rear a child?"

> "I'm not proud of this. What I used to do with my seven-year-old is, I was a spanker. I hit him. I spanked him hard on the butt, on the legs. I got so frustrated with him sometimes, I would shake him, because that's what my family used to do to me. Well, through the workshops, through this agency, through the information that our coordinator has given us, I've learned to use my words, my emotions with my son...I think this did wonders for me through the workshops. I no longer hit my children... I was hit all the time. So was my husband. So he's also learning through me."

> "I always believed in the beginning, before I did this, I believed that kids—I'm not saying child abuse, don't get me wrong—I'm saying children had to have a little bit of fear of you to respect and do what they were told. And my oldest son was hyperactive, so like I did give him spankings...and then when I learned something, I learned that spanking didn't do any good.... I will sit there and try to reason with them...I've learned to choose my battles...okay, let's work it out."

Connections from providers to children

Attachment. The interviews and observations demonstrated children's strong attachment to their providers. Parents report that their children are eager to go to and reluctant to leave the provider's home. This is partly a result of their attachment to (and enjoyment of) the other children at the providers' homes,

> "He loves it now. It's like now when I take him, the kids are calling his name, 'Michael'."

> "He is eager to go. He loves to go by Delia. So there is no problem whatsoever getting him to Delia's... He doesn't want to leave Delia's. He cries when we try to bring him home."

> [Question: And why is that?]

> "I believe it's because of all the interaction. He's an only child and I think it's with all the play time he has with all the other kids there."

However, it most strongly reflects the special attention they receive—attention that their often exhausted parents are not always able to give them.

> [Question: What is it in your mind that makes her [Delia] different than a baby sitter?]
>
> "Just the way she relates with my son. There's times when I'll come there to pick him up and he won't go with me. So I'll just sit down and just watch her, not just with my son, but with other kids, and she's just, she's meant to work with children. There's people, you know, you can feel it. Like I'm not one of those persons. I love children dearly, but I'm not one of those people that can interact with them constantly. ...It's just like birthdays. He'll come home with presents. She takes the time to make cakes for the kids on their birthdays."

Children's fondness for these providers' homes also reflects their appreciation of opportunities for learning through the provider-child relationship.

> "She teaches, my daughter's been verbalizing a lot more now.... She's learned her ABCs. She's only two years old [and] she can count to ten."

Socializing functions. One of the most valuable and supportive features of providers' work is to assist parents with (or actually take over) such socializing activities as toilet training, weaning (from bottle or pacifier) learning proper table manners, sharing, etc. Providers indirectly facilitate positive parent-child relationships and prevent or reduce conflict when they soothe and calm irritable infants and hyperactive toddlers, and when they alleviate problems around eating, sleeping, and discipline. Parents experience such role-sharing as easing their burdens:

> "We're working on that [toilet training] together. She's a godsend because it's like pulling teeth trying to teach him how to potty train."
>
> "She's not a baby-sitter to me, honestly. She helps me with Patricia. I feel she has really helped with Patricia. I guess because I raised the three boys on my own and Sheryl, it seems like it's made it easier, and she's taught Patricia so much that my job is not that hard."

Parents often credit providers for the positive changes they observe in their children:

> "She's not scared of bugs anymore because of Rena. I know that Moira doesn't have a pacifier anymore because of Rena."
>
> "The first week, she didn't walk yet. At the end of the week, she started walking with Ronnie [the provider]. I was, 'How did you do that?' And she is so happy with her. She's learning a lot of things. She gives me a surprise."
>
> "I do attribute a lot of his changes to being with her...things like sharing, and some of the things he says... He's like 'I love all of the animals, and I love all the colors and I love all the buddy.' Instead of [saying] 'everybody', he says 'all the buddy'. He can count to ten. He knows all the colors, he knows all the shapes. I mean he can get himself completely dressed except for tying his shoes."

Providers too, notice such positive changes and find them very rewarding.

> "I've seen changes. What makes me feel good is that the parents have too... the two-year-old, she cried for everything... She wanted a bottle all the time. She knew that once she cried she was going to get the bottle. I got her off the bottle... She has pretty much learned that she doesn't have to cry for everything. She's talking a lot better and she is doing really good. Her mother just got a new job... It's kind of going to be out of her way and take up a lot more time to bring her here... We worked out an arrangement where she can stay here because she does not want to take her out of here. She has learned so much. Her grandparents were totally against her bringing her, and now that they have seen how much she's learned, they are glad that she did. It makes me feel great."

> "When I got Gina, the baby, the baby couldn't sit up..she was eight months... That was my prize. I know that I taught her, even her mom has commented on it. Within two weeks I had her crawling, sitting up...I did all the exercises, sit her up, stand her up...Her sister was a little withdrawn and shy. She opened up a lot... that makes me feel real good, when they run through the door and grab me every morning and say, 'Hi Em'."

> "I've seen many changes... [a] little girl, she is a year and a half. When she came to my day care she was very, very afraid. She was shy, and for most of it, she was afraid of everything. She was afraid of trying. She didn't want to run outside. We're going to the park, to places, she didn't want to try anything... And I noticed that and I worked with her, helping her to overcome her fears. And now she's not like that any more... Now she's not afraid of anything. She is very outgoing and will join everything. She's fine... It makes me feel very good. Very good. Because this little girl used to be with another lady for, my goodness, since she was born. ...And she didn't even walk right when she came to my day care. She didn't even walk right. And when she came here, she started to walk and to improve, and it took her just a couple of months."

Order and predictability. Providers organize the day for children whose lives might otherwise lack structure and predictability. Within the context of warm and nurturing relationships, they also establish limits.

> "The children need to know their rules, their limits. They need to know how far they can go, so they can feel comfortable...Like I tell them [about] the transition, a child needs to know what's going to happen [next] so he doesn't get into tantrums, or 'No, I don't want to do this', or whatever... When you talk to them, when you tell them, 'Well we're going to be finishing this off and you finish and we're going to go into the next thing'. You talk to them and they go along just fine."

> "I give them breakfast... everyone's a good eater... At nine o'clock I start paper, paintings, or reading books. Every day is different. Sometimes I give them toys after they finish reading—everybody takes what they like... I change their toys, because I don't want them to play with the same things every day. Sometimes I put some away and then bring out other ones... At ten o'clock, when the weather is nice, I go to the park, close, over there. It's a very nice park, and I have a nice backyard too and toys there... Then at eleven, I come back, wash, change diapers. I have prepared the food before we left for the park, so when I come back, they wash their hands and then everyone sits and they have lunch. Today was spaghetti, salad, tomatoes, cucumbers, apples, cottage cheese, and milk. It usually takes about forty-five minutes to eat. Then they wash their hands, and then I prepare their beds and they go to sleep. They all sleep good, usually about two hours, two and a half..."

In accommodating to a schedule that includes variety within routine, young children come to internalize a sense of order and an understanding of sequence—that one thing follows another. This readies them to adapt to the time-governed context of school.

Food and nourishment. The second quote in the paragraph above accents the role of food—a recurring topic with the providers, and one intimately linked to relationships.

> [provider] "For lunch today we had cube steak, mashed potatoes, green beans and rolls and applesauce... I usually do it [cook] the night before, preparing it and getting it set up and ready when I get up before five o'clock...get my stove going and by the time the parents come in, everybody wants to know what is smelling so good."
>
> [parent] "They have breakfast, lunch and sometimes she even gives them dinner before I get there. Sometimes she cooks early so she feeds them all three meals."

Feeding children breakfast, lunch, snacks, and often dinner, is a service that also solidifies the provider-parent relationship. Providers feel pride in their talent for cooking and serving meals that the children like and eat, even children whose parents say they are ordinarily finicky.

> "I'm so happy. I see that he eats more. She's gotten him to eat stuff he won't even eat for me."
>
> "She gives me tips on what Mimi eats, like certain types of food. I buy it... I use Elsa's tips and I see that she likes it and I keep on with it."

Food supplies emotional as well as physical sustenance, nourishing both parents and children.

> "Like the other day I came in and I sat down at the table with my kids and my kids started eating breakfast. I always spend about ten or fifteen minutes in the morning with them. Rena just came over and handed me breakfast too. And she made me a piece of toast, a cup of coffee. I think a lot of it."

The significance of such pedestrian things as nutritious food should never be underestimated. Food *is* very important, and providers see it that way. The USDA's Child Care Food Program is embraced by family child care providers across the country. They willingly open their doors to its monitors several times per year, finding that their professionalism increases as they learn more about food and nutrition from the program's educational component.

From provider to parent, and parent to child

As their children's providers *model* teaching relationships, parents come to value and use similar teaching interactions themselves.

> "And one thing I really love that Sheryl has done, and I try to pattern after Sheryl, I bought a lot of books, because my daughter always tells me she wants to read, and then she wants to sing. So Sheryl gave me some ideas about 'We Sing' and I went and bought 'We Sing' and she just loves them...a tape and a book, musical book..finger plays. Patricia has learned a whole lot since she's been here with Sheryl."
>
> [Question: It sounds to me like you've also learned some things from Sheryl, is that right?]
>
> "Oh yes, I have. I definitely have. To read—I have a certain time to read, bath and everything."

Providers play important roles in strengthening parent-child relationships, illustrating that quality child care is as much a preventive intervention as any "parent-child" or family support program.

> "You have influence on their lives, and also on their parents' lives. Because with the parents, the more you involve them before they [children] start school, then when they start school, they will be involved parents. Especially the fathers. They don't feel they have the responsibility... You work with them... give them that responsibility."
>
> "The biting child was lacking attention at home. There was a big change at home. Well, I didn't know about how to go about dealing with asking the parents that and dealing with the child. So I had separate workshops regarding both issues, and that helped a lot... dealing with the biting child, plus I had to deal with the parents. And how I dealt with that is I asked them as professionally as I can, 'Is there anything going on, any changes in the home, if there's an upset in the home, [I said] even if you don't think that a child realizes what's going on, that child does.' And there was... a lot of turmoil, commotion going on in the household. Well this baby was asking for attention.... saying, 'Stop Mommy, stop fighting.' This was his way of showing how upset he was... constantly hurting the other children. So what I did was I grabbed that child... with a lot of loving care... every single time he bit, and he just stopped."

In both cases, a provider's actions initiate a chain of events which ultimately affects the entire family.

The vignette above about the "biting child" also demonstrates how training enhances the provider's capacity for working with families, even troubled ones. As noted earlier, training often focuses on working with parents, both because it is a major issue in child care, and because providers frequently ask coordinators for advice and assistance around this subject. Here, the links in the chain of enablement from coordinator to provider to parent are readily observable. Thanks to knowledge and support from coordinators, providers can serve as vital family resources, taking care of parents as well as children. Providers offer counsel and assistance to parents. As one parent comments:

> "We actually sit down and we talk about life. Things she's been through, things I've been through. She gives me advice. She has strong religious beliefs so I like listening to her. She is real nice to me. If she has something to say to me, she will say it to me. She's honest. I like that about her... Actually, Helena even goes and visits me sometimes if she sees that I didn't bring the kids. She'll go see what happened, are the kids okay. She gets real concerned when they are sick. She shows concern about them. I like that about her too."

Now and then, providers offer a meal to parents, to celebrate a holiday or birthday, or simply to give them a treat.

> "Sometimes we have a party. Like for Easter, we had a party. And their birthdays. And for them leaving. We have dinner and...we invite the parents to come. We'll buy cakes and stuff like that."

> "When [it's] Christmas or Thanksgiving, or whatever, I'll have a dinner for them. They don't all have to come at the same time, but when they come home from work... I don't make a big deal. And I've had different times where I just make macaroni or spaghetti night or whatever... And you could see where they're looking at the other kids. Their kid is interacting with the others. They feel good about it. They feel their responsibility more, the father and the mother."

Nurturing relationships such as these are doubly meaningful when working with parents in trying circumstances, especially young single mothers. Providers act as surrogate mothers, grandmothers, advisors, teachers, and mentors for many parents struggling to work (or finish school) and raise their children with very limited social and economic resources. Thus, they are unquestionably *family resources* in a time and context where there are woefully few supports for low income young parents. Such parents—especially teens—are not always easy to work with, as providers acknowledge. In fact, some have no adolescent mothers among their clients.

> [Question: Of the parents that you have, are any of them teenagers?]

> "No. I think teen moms are afraid of me... I do expect a lot from my parents. I mean I sit down and talk to them and everything. I tell them and it's their choice to pick me, and most of the time they don't pick me... I think I've had four teens come to me: two have not picked me, and I turned down two...after talking to them."

Other providers see adolescent mothers as a challenge and feel compassion for them and their children.

> "She lives with her brother, but she's on her own. Her mom doesn't really help her out. There's a lot of dysfunctional things going on there, but I'm working with the mom and she's very involved in like teenager mother groups and everything. She's trying real hard, but the daughter has a lot of damage done to her already. It's kind of sad."

> "I have had before very young parents, where I have to almost play the role of the mother. And I have this girl's mom call me and said 'You are doing a great job', and her daughter obeys me more and listens to me more than her. That makes me feel good. That encourages me to keep on working with her."

> "I have one teenager that has two children in my care... She was fifteen not long ago. They are not easy... You really try with these kids... I really make them feel like adults, but yet in the position that they're in, they do still have to listen to their parents. They're living with their parents. They're still their parents' child. Yet this one, I told her, 'Listen, when you cannot make it on time, if you're going to be late or anything is going to happen, I don't want your mother to call me, I don't want your sister, your father, your uncle, your aunt. You're responsible for those children, and I want to deal with you as an adult.' She just smiled, just nodded in a real shy way and said, 'All right.' That child has not been late again."

In concluding this section, it must be reiterated that no single program component makes the critical difference. Rather, what counts is the synergism among various components of the Connection—the links in the chain of enablement, and the structure, consistency and security of the child care homes. These ingredients combine to calm children whose own homes may be overstimulating or erratic, freeing their energy and attention for learning, and making the responsibilities of child-rearing less burdensome and more gratifying for their weary, strained parents.

The home environment: A look inside

> [Observation] she has taken what would have been an entire (though small) apartment, and made it into a sort of miniature child care center. There are several rooms, each with different purposes; toys to make a little city in one room—cars, people, animals, houses. There is a mirror on the ceiling in another room so kids can lie down and see themselves. There is a fish tank with a chameleon, a large Lego table, the bean table, etc. Outside there are swings and all kinds of gross motor toys.

> [Observation] It's very neat and clean, though rather spare. The front room, which is quite sunny, is given over to the kids and their toys. There is a nice back porch, for nice weather, with different kinds of toys and paints. And the backyard has some equipment.

> [Observation] These are all smallish apartments, but there are babies and toddlers and there is enough room for them. One certainly does not have the sense of them crawling all over each other. One has a sense that they take the kids out, but not a whole lot.

> [Observation] She has really used the additional money for fixing up and supplies to make the whole front area of her apartment look absolutely like a pre-school. It is very cheerful, with balloons painted on the walls and stickers and nice toys. Two cute little tables. Then when you go to the back of the house, her own room is nice but quite small, and the kitchen and pantry are very old, and in need of repair.

> [Observation] It's somewhat threadbare, but it is certainly made comfortable for the children.

> [Observation] It is just spotless. Small, but the room she has for the babies is light, with a carpet on the floor, a crib, play table and lots of stuff on the wall. Very cheerful. A new, nice, subsidized housing complex in a very low income neighborhood where all the surrounding buildings are in very bad shape.

At each of the four sites, the homes differ from one another in terms of how they are arranged for the children. They vary from homes where providers have used the additional funds for equipment and toys to create settings that resemble miniature nursery schools, to homes that maintain a "home-like" atmosphere, with special spaces set up for the children, to other homes where children have relatively free rein throughout the house. The majority of the Connection's homes are small, and many are crowded with providers' own families. Several were uncomfortably warm and stuffy, with few windows opened, even in nice weather. Some are in very dangerous neighborhoods, with abandoned cars, burned-out, boarded-up buildings, and gangs of men and boys hanging out in the streets.

Certain providers, particularly (but not exclusively) those who drive, go out of their way to take the children outdoors—to playgrounds, parks and other places. As one grateful parent remarked,

> "They are not just stuck at that house all day for that eight hours or ten hours, whatever they are there for. They go places, they do trips. He's been to zoos with her and stuff like that."

Nonetheless, in certain other homes, children appear to spend the majority of their time indoors, even when the weather is nice. It is true that children in middle- and upper middle-class families who are cared for at home by sitters or nannies may also spend most of their time in the house (and in front of the TV). However, such children generally have many other advantages to enrich their lives and buffer them from adversity. The low income child is at greater risk for a variety of reasons, and thus requires care which counteracts the inadequacies of his home.

It is worth noting that the parent who had the strongest objection to transferring her child from the provider's home to the center when she reaches age three had her child at the home most like a little nursery school.

> "I want her to stay with Sheryl until she gets at least five. But since I am in the program, she has to leave and go to the day care center when she turns three... It's not because of the change. I just think Sheryl has been teaching Patricia a lot of things. I really do. ...I am getting ready, really ready for it, trust me, I am. But I just want her to stay with Sheryl."

The Families and Work Institute research cited earlier (Galinsky et. al., 1995), found the quality of most family child care to be at best adequate. Although the research reported here demonstrates that the Connection has been successful in raising quality to some degree, the possibility of high quality care for *sufficient* numbers of children remains questionable where communities place so many obstacles before providers. Can any home-based child care initiative for low income families provide enough good care, without improving the community's housing conditions? Truly dangerous and impoverished communities present major challenges to quality child care: Houses lack space, children cannot go outside with any regularity, and the constant noise, danger, and unpredictability, affect both providers and children.

In a better world, all children's physical surroundings would be conducive to their optimal learning and development. All children would have responsive caregivers, plenty of interesting objects, and ample space to explore and play, both indoors and out. In the case of children growing up in crowded rooms, without regular access to playgrounds or yards, child care settings need to compensate for deficiencies of homes. Child care homes must be enriched, not merely adequate, in order to offset the handicaps of homes. The places where children spend many hours impart messages above and beyond the obvious. Beautiful surroundings tell children that *they* are beautiful, and deserving.

CONNECTIONS: PARENTS' LIVES AND CHILDREN'S CARE

As described earlier in the method section, the parents interviewed were a heterogeneous group. Several were young mothers, both single and married, who would doubtless be better off presently had they not had children so young. As one struggling young mother of three said,

> "I wish I could go to school and study and get a career, a *real* job... But I got married and the babies just came."

Another young mother with two children by two different fathers tells me that she doesn't want to "keep the cycle going"...

> "Like my mom and dad, they work in factories and stuff. I want to be more. Like my brothers... they don't do nothing. I guess I want to prove myself to my kids that you can do something for yourself even though..."

But to break the cycle she will have to go it alone.

> "It's very hard when you don't have the support of your mother. You know, I think she's jealous... I am to myself. It's just me and my kids. I've had to separate myself from other people."[30]

Several parents are older and more mature, and a few have spouses or other family members to share *some* of their burdens. Two of the parents interviewed are private clients in Connection homes who are somewhat better off economically. Nevertheless, the lives of all the parents are arduous, and with the exception of the two private clients, they exist at the margins. All labor endlessly to surmount a multitude of obstacles as they strive to get and stay ahead, and to make a better life for themselves and their children.

> "I didn't have nothing growing up. My dad left my mother when she was pregnant with me... So really, I never had a father. And my mother, she worked at [a printing plant] for many years, [but] when all that happened, she had to take care of four children all by herself, so basically she raised us all on welfare, which is kind of a driving my force, to try to have everything for my son... [Before this job] I had always worked two or three jobs."

As is the case with providers, many parents aspire to send their children to private schools once they reach school age.

> "As soon as he is old enough...we are going to put him in a private [Catholic] school. He is not going to go to a public school."

Many hope and plan to move to a better neighborhood,

> "I've got an appointment with the real estate...me and a friend [are] doing this together. A two flat—the yard, I fell in love with the yard. My kids can just run, play."

Until then, they are thankful to have child care nearby.

> "If something were to happen, I'm just a hop, skip and a jump away."

> "Alicia's house is about two blocks away... Depending on our schedules [the parent who leaves for work later, takes their son that day]... Like this morning, he slept until seven thirty, so I walked him over to Alicia's."

[30] This bright and ambitious young mother epitomizes a phenomenon discussed at length in my book, *Young, poor, and pregnant: The psychology of teenage motherhood.* New Haven: Yale University Press, 1993. In order to succeed, girls growing up in poverty must often tread a lonely path. In moving ahead, they have to leave behind the most emotionally significant figures in their lives. Because the fear of such loss is so great, many falter or fail at moments of greatest potential growth. As this young woman spoke about her mother, her eyes filled with tears.

> "We walk over to Yolanda's house, it's not that far... I walk them in, I tell them good-bye, tell them that I love them, I'm going to work, and then from there, I just go on to work..."

Proximity, whether to home or work, is an important factor for low income parents, especially those who do not drive. One young mother lives around the corner from her child's provider, and just two blocks from her work. At present she is faced with a dilemma: Her employers want to promote her to manager of a new store they are opening. Unfortunately, it is far from where she lives, and this worries her.

> "...but since it's so far away, and being right around here is close to home and I really don't have transportation I can count on if I was to go to another store... and if something was to happen, it is easy for me to come home, being so close."

Another mother has to take her child on two buses to get to the provider she has chosen for two reasons—proximity and merit.

> "They sent me information on day care in my area, but I was looking for someone close to my work. When I called one day care center in my area [also a Connection site]... she gave me Julia's name, and I in turn called Julia. I figured it was a good location for my job to where she is. Then I visited Julia for the first time and I liked what I saw. I liked what she was doing with the children... I looked at two others and I was more pleased with Julia."

Even though her provider's home is at a "good location" for her job, she still must take one more bus after dropping off her daughter. That means she takes three different buses in each direction every working day.

A parent will sometimes sacrifice proximity for safety,

> "They were going to put him there [near her work] but, like I said, I work in this area, and it's not very safe."

or, to keep their child with a trusted provider, after moving out of the neighborhood.

> "Actually, from the time that I leave work, until the time that I get home, actually get into my house, it's about an hour and a half. My days are really — they seem really long."

Parents' perspectives on child care and the Connection

To capture parent's viewpoints about the critical elements of care, and help them feel comfortable expressing their opinions and observations, I inquired about their prior experiences (and satisfaction) with child care. How does their current situation compare with previous child care? How do their current arrangements compare to those used by friends or family members?

> "He gets much better care now, just because this Donna, the woman who was taking care of him before, I think she was pretty preoccupied with her pregnancy, plus she didn't take him out very much."

> "My friend has a baby sitter and they sit in the house all day... She confined the baby when the baby was smaller—she confined her to a car seat. When the baby got a little bit older she... had the baby in a walker all day... I love having her with Molly... because she doesn't just baby sit, she provides emotionally, intellectually, she sees to all their needs...takes them on trips. They do art work in her home."

As parents see what providers do—and how their children respond—they begin to understand their child as an individual in a new way, and they begin to change as well. Although the parents are a very diverse group in terms of age, occupation, interests, and skills, their degree of satisfaction with the homes and providers is quite similar, and impressive.

> "I was a little leery... I figured she was more or less a welfare provider and I just felt that my kid would go there and he would get watered down juices and not the proper food. He would just be taken care of in a low-class manner... And at first, I was uncomfortable with that but after seeing the quality of toys that she has in her home, the quality of her home period, and I just know that that is not the case."

Their consumer knowledge is impressive as well.

> "We talk about the training [she has] because when we first went there, one of our questions was she trained in CPR or first aid... she showed us certificates of classes that she had completed and was certified in and she regularly goes to training sessions."

> "I was really impressed with her the first time I was there, with her playroom. It had a lot of cool toys and it seemed—she was like 'I'm going to have a yard, put in a swing set.' There were books everywhere. That was a big thing for me. I was, 'If there's books and she reads to him and he likes her, I'm fine with that.' All three were there."

Although low income parents are in general less educated consumers of child care than their more advantaged counterparts [31], most of these parents proved to be very discerning. There is a sense that the project somehow enhances parents' competence and sense of entitlement in this regard. If more parents were knowledgeable and vocal advocates for quality child care, it would help not only their children but also their children's providers, and through them, the field of child care in general.

Parents value their provider's connection to the delegate child care agency. Perhaps it also helps them overcome a natural fear of leaving their children in the hands of strangers.

[31] See, for example, Dumbro's 1995 report on lessons learned from the Child Care Aware sites.

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> "I feel comfortable, because... I like that they check up, they check up on the kids. They make sure their medical records are up to date and a lot of people don't do that."

For example, North Avenue Day Nursery takes advantage of their center by bringing in small groups of providers—along with their children—on a regular basis. Parents know and appreciate this feature of the program.

> "He was only around one other little kid, and I think it has been good for him to be around other little kids, especially when they go to the [day care] center and hang out with all the other kids... They just all go and play together, sing songs and mingle... He's learned songs there I'll hear him singing...He's definitely gotten those social skills."

None of the other three delegate agencies has this type of regularly scheduled, center-based activity integrated into their family child care program. Although the other three Connection sites do bring together providers (and at times, parents) at their centers, children are not usually included.

Parents value the peace of mind that comes with trust, and providers know it.

> [Parent] "I feel real good because I know they are safe... She's real responsible. The kids really like her. I have had situations where they have been with my brother-in-law, where the kids are crying because they don't want to stay there, when on the other hand, they'll have their days and they still feel comfortable with her. So as long as they are comfortable, I feel comfortable with it... I had a real bad time with them [her in-law's family] taking care of my kids. Real bad. I felt kind of at ease that I could take them somewhere and I knew they were going to be responsible enough to be there when I got there. I didn't miss work as much. I was missing a lot of work when they were taking care of them for reasons that were even preventable."

> [Provider] "My parents they know the favor I'm doing them, they're not doing me a favor. When their child is with me they can go to work and *work*, and they don't have to worry. I have a parent that, they're far, and they'll bring the child to me, no matter what because they have had baby sitters where the children have been left alone, when they pick up their child full of cigarette smoke. They're not comfortable. The parents are comfortable with my husband..with my children."

Supporting struggling families

Together the interviews and observations paint a portrait of contemporary working conditions that are so unsupportive of healthy family life they could fairly be called family unfriendly. Undeniably, they are antithetic to positive development for infants and young children. With few exceptions, these parents are stretched—and stressed—to their limits, balancing childrearing with work situations characterized by long commutes, job insecurity, rigid employee policies, few or no benefits for themselves and their children, and long or erratic hours.

> "She [his wife] was working at another job which she was at for five or six years, and they were hounding her on incredible overtime, and she could just not swing [her child] and all this overtime.
>
> [Question: How much time did she take off when the baby was born?]
>
> "She worked up until two days before he was born, [and] she took a maternity leave without pay for four months. ...And she went back to work, and that's kind of when her problems took off at that job because they didn't give her back her exact position, so she decided to make a change... Right now, she's presently doing inside sales...for a major company... she works, her standard hours are nine to five, but she works from seven-thirty to about five-thirty."

Such working conditions drain parents' physical and emotional resources, and rob their young children of the order and stability so crucial for a good start in life. One can then understand that when child care provides such missing elements, it constitutes a genuine support for the entire family.

The personal support that comes from their relationships with providers supplies other missing elements, and in so doing, helps parents continue on their often arduous paths. For example, two young mothers were reluctant to leave after their interview was over, so we sat around and simply talked for some time. Repeatedly they expressed how good it felt just being able to talk to me, and to each other. Here are some observations recorded after leaving them that evening.

> [Observation] Vera started to cry as she described how difficult it is. And both of them talked about—when I turned off the tape recorder—about how hard it was for them. And Marta said to Vera, 'You have to find time for yourself. We have to do that.' They are very hard working young women. Vera started to cry. She was just overwhelmed when talking about how difficult it is. That she works, comes home and doesn't have time with her kids, because she has to do the cooking. And then, all of the things they would like to do. They both want a career... is clear that young parents such as these, need all the support they can get to keep moving forward. Those who think that low income parents are "lazy" should try walking in these young mothers' shoes.

The parents interviewed for this study have a great deal of drive, and a great deal to overcome. Their lives—and the lives of many of the providers—are lived precariously close to the edge. Daily existence is sometimes so hard and exhausting that extraordinary strength is necessary to endure—let alone to raise strong and skilled children.

Few parents report meaningful support from their own families.

> "I was going to college, but I only went for one semester because I got married... My husband was real negative about it. He didn't finish schooling and he's like, 'You don't know how to take a bus or do this or that.' And I'm like, 'I came here (to the U.S.) to study.' He's like, 'Well you could work, but I don't think you can study.'"

Such sabotaging is reminiscent of findings from the New Chance welfare-to-work demonstration (Quint and Musick, 1994).[32] In that study, partners and other family members frequently tried (directly or indirectly) to hold back young mothers who were trying to move ahead. Similarly, on my visits to economic development initiatives across the country, leaders often described how spouses or boyfriends batter women once they began to earn their own money. Perhaps they feel threatened by the women's blossoming independence, and fear being left behind themselves. Connection providers thus fulfill vital family functions for parents: They support them in their efforts and aspirations, encourage them to keep on, and allow them to do so without undue worry about their children.

CONCLUSIONS

Overall, the data indicate that Connection networks contain more competent, motivated providers and more stimulating, well-organized homes than ordinarily found in such communities. Further, while some of the providers would doubtless offer adequate care without the extra advantages of the program, these do unquestionably enrich their homes, widen their repertoire of skills, and enable them to offer parents and children more positive, growth-fostering experiences. Further, the additional training and support continually reinforces the importance of quality care, and repeatedly underscores the specifics by which such care can be recognized and provided. Thus, this study uncovers elements and qualities of the program—and its participants—that offer many lessons for those concerned with policies and practices affecting low income families and children today.

WOMEN'S WAYS OF WORKING

Most of the current welfare-to-work proposals and programs are predicated on traditional (and, some might say, male) models of salaried work for others. Yet for many women—especially those seeking to escape poverty—other models may be more appropriate, at least during certain periods of the life cycle. Women frequently prefer to work in *groups*, creating *cooperatives* such as those found in developing countries, and in some rural areas of the U.S.[33] Thus the networks created by the

[32] Quint, J., and Musick, J., with Ladner, J. Lives of promise, lives of pain: Young mothers after New Chance. New York: Manpower Demonstration Research Corp., 1994.

[33] For example, the Self-Employed Women's Association (SEWA), a trade union that emerged in India during the 1980s, is a good example of how work-related organizations can foster economic and personal development for low income women. (There is an excellent description of SEWA in the book, May you be the mother of a hundred sons: A journey among the women of India by Elisabeth Bumiller, New York: Random House, 1990.) In the U.S. the Watermark Cooperative in rural North Carolina is a successful seven hundred-plus women's artisan cooperative, with a large product line, and a training institute that trains people from around the world. Research in the U.S. indicates that family child care associations are useful not only to providers themselves, but also serve to promote higher quality child care (Dombro, 1995). The National Association for Family Child Care (NAFCC) advocates for and serves local and state family child care associations across the country.

[34] At one site, where there were problems with frequent turnover in the Coordinator role until the last year of the project, the providers — a very strong group of women — organize themselves so that they could continue to work. In a sense, they organized for themselves and against their common enemies — the coordinator and the agency she represented.

Connection have a goodness of fit for their members, supplying the support and strength that comes from working collaboratively with like-minded others.[34] The impact of participating in the network is felt by the providers directly,

> "You know, you get one hundred percent support from the other providers. If they have a problem that you haven't dealt with, they'll share their problems with you and you'll know how to deal with it when the problems come up, if a problem comes up... You could be stressed out, but you can talk to each of them."

and by the children indirectly,

> "The group is very meaningful. It's very important. When you get together as a group, you're able to share. You're also able to relieve some of the stress and talk about some of the problems that come up and find solutions that maybe you did not think of. See how another provider works with it. Maybe they've taken a class or gotten some information that you haven't had yet. Also, educationally, as far as equipment for the children, see we're all looking at different areas for new things. When we come together, it's great. We're able to grow. We're able to find new things, do new things for our day care. It's very important."

The networks created within each site, and in a sense, the larger network created by the overall initiative; the affiliation with a community child care institution, and the relationship with the Coordinator, all result in a *connected form of entrepreneurship* where the women are in business *for* themselves, but not *by* themselves. In this way, money given to Connection providers for home improvements, toys, and supplies is a type of micro-enterprise funding, with the money in the form of a grant rather than a loan. Such grants help good providers actualize their dreams, and give their young charges the benefit of what they have learned from their training about the importance of exposing children to a variety of stimulating objects and activities. For example, for children who spend a great deal of time indoors—often in small, crowded quarters—excursions into the world are especially thrilling.

> "Three months later after I became a family child care provider...I bought myself a van to go out with the kids. That was exciting!.... We go to the park far away from the house. We go to the zoo. We go to the museums, children's museums, [Museum of] Science and Industry. We go early in the morning."

> "I purchased a wagon recently, and I'll take for a ride two at a time, for a ride up the block. The other two sit down. Or sometimes, all four of us will walk two and two....I take them to the back yard. I have a slide and a swing out there....We'll pick up leaves, we'll get them on a wagon ride, hug a tree, visit a dog. We'll do activities like that."

WHAT MAKES A DIFFERENCE FOR CHILDREN? WHAT IS BEST FOR CHILDREN?

When the Connection operates as originally envisioned, the personal support providers receive from coordinators connects with a growing sense of professionalism, setting in motion a positive chain of events that are catalysts for personal development. In this scenario, change is the result of a synergistic reaction between a growth-fostering relationship, and the increased competence (and confidence) gained by using newly acquired knowledge and skills. Undergirding these elements, and bolstering motivation, is the array of material, social and educational supports that confer sense of distinctiveness on providers and their work.

The Connection homes visited for this study were all acceptable and comfortable for *infants*, and a good many were far better than that. However, where homes are cramped indoors and lack safe and steady access to the outdoors, older toddlers might be better off in center-based care, or care that more closely approximates it. In centers there are normally more opportunities for gross motor play and exploration—activities that are essential for development at this stage. Perhaps, for toddlers, the best option would consist of care that blends the best of both home and center contexts, and is modified to suit the ages of the children served.

How can one ever really know what takes place hour-to-hour or day-to-day behind the doors any child care home? Quality control is harder for homes than for centers where staff, children, structure, and activities can be more readily observed. Still, to reiterate a point made earlier, the quality of care in this sub-sample of Connection providers is noticeably better than that commonly found in low income communities. As long as there are strong, reciprocal attachments between infants and providers; order and predictability in daily routines; age-appropriate opportunities for learning, and stimulating activities; nourishing food, comfort, and adequate rest; support for parents, and mutually respectful relationships between parents and providers—as long as these elements are present, the details by which they are provided can vary while still constituting quality care. Above all, for many children, these homes are a refuge (or respite from) the harsh realities of life. And, while the Connection has not reached its destination, it is on the road, and headed in the right direction.[35]

Finally, good child care is necessary, but probably not, by itself, a potent enough intervention to significantly affect the developmental trajectories of children at risk because of poverty—at least not in ways that show right away. Here the over-arching issues are unrealistic expectations of child care, or of any single intervention strategy. Although high quality care may indeed be a way to *prevent* developmental damage caused either by poor home or child care environments (or both), such care is unlikely to be sufficiently powerful to actively *promote* development in the absence of other enhancements. It is hard to know how much direct learning is "enough" to alter developmental paths for disadvantaged children. Promoting optimal development also requires enhanced parent-child relationships resulting in better caregiving, and it calls for meaningfully improved economic circumstances as the outcome of the parent's work.

[35] Thanks to Jane Grady of Rush Medical Center for the "on the road" metaphor. It is a very useful way of conceptualizing what has been accomplished by the Connection initiative.

APPENDIX 1

PROVIDER INTERVIEWS

The basic evaluation questions for the providers were framed, or woven into the conversation, in a manner that is best illustrated by the examples given below. The interview began informally with opening questions such as:

> "How did you first hear about the Connection?"
> "What were you doing before you became involved in the program? For how long? Why did you want to do this?"

It moved on to questions such as:

> "Walk me through a typical day. What time do children begin to arrive? What do you do then?"

As the interview progressed, other issues were raised such as:

> "What have you learned (are you learning) about [child care, child development, parenting, etc.] that you didn't already know as a parent yourself? What have you learned that is different?"
>
> "What do you think would be different about [a variety of topics] if you were providing day care on your own, rather than being connected to (the center; with network of other providers)?"
>
> "In what ways has [the coordinator] made a difference in how you see [children, parents, day care, yourself, etc.]? Give me some examples of how this works for you."

The order of the questions asked of the providers varied, but, with rare exceptions, all questions were answered. Frequently new questions arose which were then incorporated into the interview format and used in interviews from that point on. By following participants' leads, I was able to take advantage of their desire to tell their own stories, which many did quite eloquently.

The first five questions below cannot be answered in a simple yes or no manner, nor can they be "proven." Rather, they were used only to guide the interviews, and to frame and make sense of what was observed in the homes.

1. Is the quality of care better than it would have been had the providers not been part of a Connection network? How important are components such as: the Center as a hub, networks as supports, the lead agency as concept and reality?
2. What are the most important components of the training design? What sorts of things do providers now do to improve their services that they might (did) not do before? Are they continually trying to improve, or did they learn "how to do it" and then just coast? One of the coordinators noted that the Connection takes training one step further: While there is training given all over, the Connection

does more training and helps providers follow through and use their new knowledge and skills. Another coordinator described how she weaves past training and education experiences into current issues and problems providers face, as in, "Do you remember when we learned about (such-and-such topic)? Now would be a good time to try that approach." In the report of the Family Child Care Training Study, Galinsky, et. al., (1995) comment that the good providers in their study shifted to wanting to learn more about child development (versus simply learning new activities and how to run their business), and that this sets the stage for the real crux of teaching—an ability to read individual children's cues and respond to them in a way that promotes learning (p. 26).

3. Did the financial incentives make a difference in recruitment, participation in training, and retention?
4. What are the most important factors for enhancing quality?
5. What has been the impact of the Connection on other child care programs at the sites?
6. Are there growth and leadership opportunities for providers? Do providers perceive and take advantage of them?
7. How has being a part of the Connection influenced the providers' lives? In which domains? As professionals, parents, daughters, colleagues? Has seeing themselves as professionals been a catalyst for changes in self-image? Has it effected changes in their own future plans? How has it affected both the *structure* and *content* of the care they provide?
8. What are providers themselves doing to improve their care? Do they see a need for ongoing education/training?
9. How do providers view the coordinator; their agency; the YWCA; the goals of the project, and themselves? Does it really matter how supportive the agency is? Does "going the extra mile" make a difference? How has each agency adapted the model to serve their own providers and parents?
10. What changes do providers see in the children that they can attribute to the care they provide?
11. Were there aspects of the design that might have worked if they had been fully implemented, but were not?
12. Do the demands of training, meetings, and so on, act to weed out the poorest, least motivated providers? Or, do such providers simply go underground—off on their own where they will not be watched too closely and can take on more children, especially private ones?[16] Are the obligations of being part of the Connection viewed as more of a burden than a support? Do providers perceive the coordinator role as it was envisioned, and value the agencies as the experts that the project's creators perceived them to be?

[16] For example, there was one provider who continued to charge the program for the care of a child after the child's mother had transferred her to another day care home. The coordinator discharged this provider, but she is most likely still giving care in the community.

13. The providers selected were supposed to have work experience and to be fairly stable. The study conducted by the Families and Work Institute (FWI) found that better educated providers tend to give better care. What about the education and work experience of Connection providers?

PARENT INTERVIEWS

Twelve parents took part in the parent interviews. Of the twelve, one was a father at home on vacation while his wife was working. He and his wife are equally involved in their son's care. The sample of parents is quite small and most likely positively biased, since they were recruited mainly through their providers. Nonetheless, the interviews were generally quite extensive.

Most parents were interviewed by themselves except in two separate instances where two mothers were interviewed together for convenience. I also briefly questioned one other parent when she picked up her child at the home of a provider I was interviewing. This young mother had just completed her spring quarter at college. Since she did not plan to attend summer school and was uncertain about her fall plans, this was most likely her child's last day with this provider.

1. How do parents respond to the program?
2. How do parents benefit from the program? For example, has it served to make them more educated consumers of child care? Consumer education for parents is an important strategy for improving child care quality (Dombro, 1995; Dombro and Modigliani, 1995).
3. In parents' minds, how important are relationships between themselves and the provider, and between the provider and their child?
4. What would these parents have done for child care without the Connection?
5. How aware are they of special benefits, such as training, that providers receive as part of the program?
6. What are the parents doing while their children are in the care of Connection providers?
7. What are the important themes in low income parents' lives that are relevant for this study, and for domains such as child care, social welfare, and women's economic development?
8. What changes do parents see in their children that they attribute to their child care arrangements?

COORDINATORS, PROVIDERS, AND PARENTS

1. Is there a "chain of enablement" that goes from program director to coordinator to provider to parent and child. If so, how does it work here? [37]
2. How has the notion of community-based child care been actualized, and how important is it for all parties involved?

[37] For a discussion of the "chain of enablement" concept, see J. Musick and F. Stott (1990). Paraprofessionals, parenting, and child development: Understanding the problems and seeking solutions. In S. Meisels and J. Shonkoff (Eds.), Handbook of early childhood intervention. New York: Cambridge University press, (pp. 651-667); also, Stott, F. and Musick, J. Supporting the family support worker. In Kagan, S. and Weissbourd, B. (1994) Putting families first: America's family support movement and the challenge of change. San Francisco: Jossey-Bass, (pp.189-215).

APPENDIX 2

FUNCTIONS OF THE COORDINATOR

1) recruiting providers from the community;
2) screening providers;
3) attending and organizing meetings; two per month at the YWCA, the lead agency, and two with her providers as a group;
4) completing paperwork, both for the project, and for the subsidized child care;
5) conducting two home visits per month, per provider, while children are in the home;
6) establishing developmental guidelines for each child;
7) arranging training and internships for her providers;
8) conducting some training herself;
9) providing support and technical assistance to providers;
10) "monitoring", but not technically supervising the care in each of her providers' homes;
11) recruiting, screening and doing the intake on parents;
12) organizing and chairing parent meetings;[38]
13) writing a newsletter;[39]
14) redetermining eligibility for parents—both for subsidized child care, and in terms of child's age;
15) attending delegate agency staff meetings.

[38] This function varies from site to site, from monthly parent meetings to meetings only twice per year.

[39] This function is also carried out somewhat inconsistently and sporadically across the four sites.

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